AOC

11/02/2011 07:30 +4 acceptable

#466 P.002/064

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/26/2011 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	A. Yaki
		445296	B. WING _		C 10/18/2011	
	PROVIDER OR SUPPLIER	RIDGE	1	REET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE EAST RIDGE, TN 37412	10/10/2011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION	ION
SS=J	#28690 were comp East Ridge on Octo 18, 2011, with an ex October 18, 2011. Complaint #28003 a were cited for Comp investigation of Concited Immediate Jeo The Administrator, I Regional Clinical Co Immediate Jeopard 11:45 a.m., in the co The Immediate Jeopard 11:45 a.m., in the co at a "J" level constit Care effective Augu 483.10(b)(11) NOTI (INJURY/DECLINE/ A facility must imme consult with the resi known, notify the resor an interested fam accident involving the injury and has the p intervention; a signifi physical, mental, or deterioration in heal status in either life the clinical complication significantly (i.e., a re existing form of trea consequences, or to	er 26, 2011 Ition #28003, #28681, and leted at Life Care Center of ber 10, 2011, through October Itended survey completed on No deficiencies were cited for and #28681. Deficiencies plaint #28690. Based on inplaint #28690, the facility was opardy. Director of Nursing, and consultant were notified of the yon October 18, 2011, at onference room. Director of Nursing and consultant were notified of the yon October 18, 2011, at onference room. Director of Nursing and consultant were notified of the yon October 18, 2011, at onference room.	1	This allegation of compliance is submitted and required under Fed and State regulations and statutes applicable to long term care prove. The plan of correction does not constitute an admission of liability the part of the facility and such lia is hereby specifically denied. The submission of this plan of correction does not constitute agreement by the facility that the surveyor's findings conclusions are accurate, that the findings constitute a deficiency, or the scope or severity regarding any the deficiencies cited is correctly applied. F 157 SPECIFIC RESIDENTS Resident #8's care plan was updated 10-25-11 to include interventions of monitoring for adverse effects of Coumadin such as bleeding. On 8-211, Resident #8 had a 6.9 Prothrombiand International Normalization (PT/INR). The physician was notified of the change in condition, and an ord was received for 10 mg of Vitamin K. 10 mg of Vitamin K was administered by the Licensed Nurse. Resident was ransferred on 8-21-11 to Emergency	iders, y on shility on he s or that of	'4

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is defermined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: V3YT11

Facility ID: TN3308

CTATEMEN	T OF DESIGNATION	MEDIONID CERTICES				OWR MC). 0938-0391
AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE : COMPL	ETED
		445296	B. WII	NG_		10/	C 18/2011
	PROVIDER OR SUPPLIER RE CENTER OF EAST	RIDGE		1	REET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE EAST RIDGE, TN 37412	101	10/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	The facility must als and, if known, the reor interested family change in room or respecified in §483.18 resident rights unde regulations as specified section. The facility must recept this section. The facility must recept the address and pholegal representative. This REQUIREMENT by: Based on medical refrecords, review of minterview, the facility of a change in conditione resident (#8) on Plavix (blood thinning residents reviewed. The physician of a change in conditione resident (#8) on Plavix (blood thinning residents reviewed. The physician of a change in the hospital emergency resident (#8) of twent placing resident #8 in (situation in which a pwith one or more required caused, or is like tharm, impairment or in the physician of a change in the physici	o promptly notify the resident esident's legal representative member when there is a commate assignment as 5(e)(2); or a change in rederal or State law or fied in paragraph (b)(1) of ord and periodically update one number of the resident's or interested family member. T is not met as evidenced ecord review, review of facility edication publications, and failed to notify the physician ion, with bleeding gums, for Coumadin, Lovenox, and gmedications) of twenty-one The facility's failure to notify ange in condition resulted in mouth and a transfer to the com for evaluation for one ty-one residents reviewed a Immediate Jeopardy provider's noncompliance uirements of participation ly to cause serious injury.	F1	157	Room where a PT/INR test was completed with an INR result of the resident's PT/INR result cot to be monitored as ordered. The licensed nurse was re-educated Director of Nursing (Pon 10-21-11 regarding physician notification of change of condition of change of condition ticensed nurses' re-education we conducted from 10-22-11 throug 26-11by the DON including (but limited to) monitoring for adverse effects such as signs and sympto bleeding, notifying the physician change of condition immediately care planning interventions related adverse effects of Coumadin such bleeding. One licensed nurse was educated due to FMLA leave, and nurse will not be allowed to world they have been re-educated. New hired licensed nurses will be edurin orientation on adverse effects. Coumadin such as signs and sym of bleeding, the immediate notific of the physician with change of condition and care planning interventions for adverse effects. Coumadin such as bleeding.	f 2.8. ontinues e by the ADON) n ion. vas gh 10- t not se oms of n with y, and ed to ch as s not id that k until vly cated of aptoms cation	

	IT OF DEFICIENCIES	& MEDICAID SERVICES			OMB NO	0.0938-039
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	ULTIPLE CONSTRUCTION _DING	(X3) DATE : COMPL	
NAME OF		445296	B. WIN	G	10/	C 18/2011
	PROVIDER OR SUPPLIER RE CENTER OF EAST	RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE EAST RIDGE, TN 37412		10/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE	IOULD BE	(X5) COMPLETION DATE
	11:45 a.m., in the C Administrator, Direct Director of Clinical S of the Immediate Je Jeopardy was effect ongoing and Substa The findings include Resident #8 was ad 12, 2011, with diagn Fibrillation, Hyperter Hemiplegia (paralys) the body), and Neura Medical record revied dated August 12, 20 mg (milligrams) daily greater than or equa Medical record revied Care Plan (no date) if Potential for Bleeding Continued review of the care plan reveale identified (no interver care plan or written in Continued review rev bleeding or bleeding Review of the 300 Ha August 13, 2011, reve 37.9/3.2No change. Medical record review August 13, 2011, at 1 patient) gums bleedin	conference Room, with the stor of Nursing, and Regional Services to inform the facility copardy. The Immediate sive August 13, 2011, and is indard Quality of Care. d: mitted to the facility on August oses including Atrial ision, Late-Effects is affecting only one side of algia. w of the admission orders 11, revealed "Coumadin 5 "PT/INR daily until INR is 1 to 2.0" w of the Interim (Admission) revealed "Resident Need: gRelated To: Coumadin" the Interventions section of id no interventions were into swere selected on the interventions. sell 24-Hour Report dated ealed "PT/INR	F 15	OTHER RESIDENTS Residents on Coumadin have the potential to be affected. Reside receiving Coumadin therapy we reviewed by the DON, nurse practitioner (NP) and nurse mar on 10-13-11 for PT/INR monitor the Coumadin order, and the Maccuracy. On 10-26-11 residents on Couma were assessed for adverse effect as signs and symptoms of bleed and/or bruising by LPNs, RNs a Managers. The clinical meeting will review hour report for the following: che of condition from the 24-hour renotification of MD/NP from nursidocumentation and physician or order implementation from nursing documentation, Responsible Part notification from nursing documentation, care plans update reviewed, and nursing documentation that the country is a significant of the country in the country in the country is a significant of the country in the country in the country is a significant of the country in the country in the country is a significant of the country in the country in the country is a significant of the country in the count	ents erre nagers oring, AR for nadin s such ing nd Unit the 24- anges port, sing ders, ng ty ed and attion 24- cuss al	

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE S	
		445296	B. WII	NG _		100	C 18/2011
	PROVIDER OR SUPPLIER	RIDGE		15	REET ADDRESS, CITY, STATE, ZIP CODE 500 FINCHER AVENUE (AST RIDGE, TN 37412		-
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	documentation the Practitioner (NP) was gums. Medical record reviet Flowsheet revealed INR 5.0Current Dechange: Hold" Medical record reviet order dated August revealed "Vit (vita anticoagulation effer mouth) now. DC (dithinning medication daily. DC Plavix (a inhibits platelet func PT/INR in AM (morritoday" Medical record reviet Flowsheet revealed INR 4.7Current Dc Change: Hold" Medical record reviet INR 4.7Current Dc Change: Hold" Medical record reviet Medication Administratment Administratment Administratment Administratment Administratment revealed on A Medical record reviet Flowsheet revealed on A Medical record reviet Flowsheet revealed	Physician or Nurse as notified of the bleeding ew of the PT/INR/Coumadin "August 15, 2011PT 60.2; ose (Coumadin) 5 mgDose ew of a Physician's Telephone 15, 2011, at 6:00 p.m., min) K (used to reverse the ct of Coumadin) 10 mg po (by iscontinue) Lovenox (a blood) 40 mg Subq (subcutaneous) medication that destroys or tion) 75 mg po daily. Check hing). Hold Coumadin "August 19, 2011PT 56.7; ose (Coumadin) 5 mgDose edical record review of a ne Order dated August 19, revealed "Hold all Coumadin INR on August 20, 2011" ew of the PT/INR Flowsheets, tration Records (MARs), ration Records (TARs), eview of the facility's 24-Hour documentation the PT/INR	F	157	weekday meeting will be atten the DON, ADON, and Unit M. Weekend and Holiday review conducted by the Weekend Su This process was initiated by I 9-6-11 and it was reviewed w ADON, Unit Managers and W Supervisor, at that time by demonstration.	anagers. will be pervisor. OON on ith the	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE S COMPLE	
		445296	A. BUIL B. WIN				C
	PROVIDER OR SUPPLIER	Lawrence and the second		1500 F	ADDRESS, CITY, STATE, ZIP CODE FINCHER AVENUE RIDGE, TN 37412	10/1	8/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 157	Physician's Telephor 2011, at 12:30 p.m. po now. Recheck F Medical record revival August 21, 2011, at patient out to ER (E patient having dried When (resident) op all in it. Patient was A.M. PT and INR w K 10 then held p.m. Rechecked when b 3.9. Notified (name requested to send (Medical record revied Department Record 10:15 p.m. (disposit resident was seen it to abnormal labs at Continued review recheck for blood in the was completed and revealed the resider Emergency Room to August 21, 2011, at Review of the webs Food and Drug Adm Guide, Coumadin, rimportant informatic COUMADIN? COUyour health, but it calife-threatening blee	dedical record review of a cone Order dated August 21, revealed "Give Vit K 10 mg PT/INR on August 22, 2011" ew of a Nurse's Note dated 10:40 p.m., revealed "Sent imergency Room). Noticed I blood around (resident's) lips. ened mouth there was blood a complaining of stomach pain. as 83.3 and 6.9 gave Vitamin dose of Coumadin. lood was noticed, 46.5 and e) of all the above (NP) resident) out" ew of the Hospital Emergency I dated August 21, 2011, at the time, revealed the in the Emergency Room due the Nursing Home. Evealed a diagnostic study to the resident's stool and urine was positive. Further review in the was released from the content of the facility on 11:50 p.m. itte fda.gov (United States ininistration) for the Medication evealed "What is the most on I should know about MADIN is very important for an cause serious and ding problems. To benefit and also lower your chance for	F 1	57			

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE S	
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3	COMPLE	50
		445296	B. WING		1	C 8/2011
	ROVIDER OR SUPPLIER	RIDGE	15	EET ADDRESS, CITY, STATE, ZIP CODE 500 FINCHER AVENUE AST RIDGE, TN 37412	, ,,,,	0,201
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 157	healthcare provider the following signs or problems:bleeding problems:bleeding letter by telephone, on Occonfirmed the Physician or August 13 "There was dried bl (resident's) mouth. were bleeding. I cle noticed fresh blood looked and checked but there were none cleaning (resident's blood thinners and nothing to do with low was the blood thinn the doctor or report and I try to dot my "miss things someting the physician or Nurse bleeding gums on A interview confirmed the Physician or Nurse bleeding gums on A interview confirmed the resident's gums we 2011. Continued in failed to train and exprecautions or interconfirmed the facilition August 20, 2011 Anticoagulation The confirmed the DON	right away if you get any of or symptoms of bleeding g gums" seed Practical Nurse (LPN) #1, ctober 17, 2011, at 2:30 p.m., ician or Nurse Practitioner ed of the resident's bleeding 4, 2011. LPN #1 stated, cood in the corners of I looked inside and the gums eaned (resident) up, then I in (resident's) mouth. I defor sores and loose teeth, e. I went to the chart after) mouth and saw all of the realized the bleeding had coose teeth. Then it clicked, it ers. I just didn't think to call it to anyone; I'm a new nurse I's and cross my "T"s, but I mes." irrector of Nursing (DON) on at 2:45 p.m., in the Conference are facility failed to notify the Practitioner of the resident's august 13, 2011. Continued the DON was unaware the re bleeding on August 13, terview confirmed the facility ducate staff on bleeding ventions. Continued interview y failed to obtain the PT/INR	F 157			

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE S COMPLI	
		445296	B. WII	NG_			C 8/2011
	PROVIDER OR SUPPLIER	r RIDGE	lyyaaus	3	TREET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE EAST RIDGE, TN 37412		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 157	elevated PT/INR ar Room for an elevat around the mouth of stated, "The comm Interview with the A 2011, at 2:00 p.m., confirmed the Adm resident's gums we 2011. Continued in failed to obtain the for the resident on C Continued interview train and educate s interventions. Cont Administrator was a administration of Vi PT/INR and was se	and was sent to the Emergency ed PT/INR and bleeding on August 21, 2011. The DON unication is poor." Idministrator on October 18, in the Conference Room, inistrator was unaware the re bleeding on August 13, terview confirmed the facility PT/INR on August 20, 2011, Coumadin Therapy. I confirmed the facility failed to taff on bleeding precautions or inued interview confirmed the inaware the resident required tamin K due to an elevated nt to the Emergency Room for and bleeding around the	F	157	7		
F 281 SS=D	PROFESSIONAL S The services provid	VICES PROVIDED MEET TANDARDS ed or arranged by the facility onal standards of quality.	F 2	281			
	by: Based on medical records, review of n interview, the facility with interventions for resident (#8) on Col	record review, review of facility nedication publications, and railed to develop a care plan bleeding precautions for one umadin, Lovenox, and Plavix ications) of twenty-one				-2	

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	300 300	IULTIPI	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445296	B. WII	NG		10/	C 18/2011
	PROVIDER OR SUPPLIER RE CENTER OF EAST	T RIDGE		150	ET ADDRESS, CITY, STATE, ZIP CODE 00 FINCHER AVENUE ST RIDGE, TN 37412	1	10/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	Resident #8 was ad 12, 2011, with diagr Fibrillation, Hypertei Hemiplegia (paralys the body), and Neur Medical record revie dated August 12, 20 mg (milligrams) dail greater than or equa Medical record revie Care Plan (no date) Potential for Bleedin Continued review of the care plan reveal identified (no interve care plan or written in Continued review rebleeding or bleeding Review of the 300 H August 13, 2011, revision 37.9/3.2No change Medical record review August 13, 2011, at (patient) gums bleed caries in mouth" Codocumentation the Practitioner (NP) was gums.	Imitted to the facility on August noses including Atrial nsion, Late-Effects is affecting only one side of ralgia. We of the admission orders on the admission orders of the admission orders of the admission orders of the admission orders of the Intervention of the Interventions were entions were selected on the inthe available spaces). The interventions were selected on the inthe available spaces of the Interventions for precautions. In the Interventions for precautions. In the available spaces of the inthe available spaces of the interventions for precautions. In the Interventions for precautions. In the available spaces of the inthe available spaces of the interventions for precautions. In the Intervention of the intervention of the intervention of the continued review revealed no intervention of the c	F 2	281			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		LTIPLE CONSTRUCTION DING	(X3) DATE	SURVEY LETED
		445296	B. WI	NG		10	C /18/2011
	PROVIDER OR SUPPLIER	Γ RIDGE		s	STREET ADDRESS, CITY, STATE, ZIP CO 1500 FINCHER AVENUE EAST RIDGE, TN 37412		10/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETION DATE
	INR 5.0Current DC Change: Hold" Medical record revie Order dated August revealed "Vit (vita anticoagulation effer mouth) now. DC (d thinning medication daily. DC Plavix (a inhibits platelet func PT/INR in AM (more today" Medical record revie Flowsheet revealed INR 4.7Current Dc Change: Hold" Medical record revie Medication Administ Treatment Administ Nurse's Notes and report revealed on A Medical record revie Flowsheet revealed INR 6.9Current Dc Change: Hold" Medical record revie Medication Administ Treatment Administ Nurse's Notes and report revealed on A Medical record revie Flowsheet revealed INR 6.9Current Dc Change: Hold" Medical record revie Flowsheet revealed INR 6.9Current Dc Change: Hold" Medical record revie Flowsheet revealed INR 6.9Current Dc Change: Hold" Medical record revie Flowsheet revealed INR 6.9Current Dc Change: Hold" Medical record revie Flowsheet revealed INR 6.9Current Dc Change: Hold" Medical record revie Flowsheet revealed INR 6.9Current Dc Change: Hold" Medical record revie Flowsheet revealed INR 6.9Current Dc Change: Hold" Medical record revied INR 6.9Current Dc Change: Hold" Medical rec	ose (Coumadin) 5 mgDose ew of a Physician's Telephone t 15, 2011, at 6:00 p.m., min) K (used to reverse the ct of Coumadin) 10 mg po (by iscontinue) Lovenox (a blood) 40 mg Subq (subcutaneous) medication that destroys or stion) 75 mg po daily. Check hing). Hold Coumadin "August 19, 2011PT 56.7; ose (Coumadin) 5 mgDose edical record review of a ne Order dated August 19, revealed "Hold all Coumadin NR on August 20, 2011" ew of the PT/INR Flowsheets, tration Records (MARs), ration Records (TARs), eview of the facility's 24-Hour documentation the PT/INR	F	228			

STATEMENT OF DERICICIOSES AND PLAN OF CORRECTION A BUILDING A BU			T WILDICAID SERVICES				OMB NO	0.0938-0391
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF EAST RIDGE SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGK TAGK DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAGK PROVIDERS PLAN OF CORRECTION (EACH CORRECTION CENTER) PREFIX TAGK PROVIDERS PLAN OF CORRECTION (EACH CORRECTION CENTER) PREFIX TAGK PROVIDERS PLAN OF CORRECTION (EACH CORRECTION CENTER) PREFIX TAGK PROVIDERS PLAN OF CORRECTION (EACH CORRECTION CENTER) PREFIX TAGK PROVIDERS PLAN OF CORRECTION (EACH CORRECTION CENTER) PREFIX TAGK PROVIDERS PLAN OF CORRECTION (EACH CORRECTION CENTER) PREFIX TAGK PROVIDERS PLAN OF CORRECTION (EACH CORRECTION CENTER) PREFIX TAGK PROVIDERS PLAN OF CORRECTION (EACH CORRECTION CENTER) PREFIX TAGK PROVIDERS PLAN OF CORRECTION (EACH CORRECTION CENTER) PREFIX TAGK PROVIDERS PLAN OF CORRECTION (EACH CORRECTION CENTER) PREFIX TAGK PROVIDERS PLAN OF CORRECTION (EACH CORRECTION CENTER) PREFIX TAGK PROVIDERS PLAN OF CORRECTION (EACH CORRECTION CENTER) PREFIX TAGK PROVIDERS PLAN OF CORRECTION (EACH CORRECTION CENTER) PREFIX TAGK PROVIDERS PLAN OF CORRECTION (EACH CORRECTION CENTER) PREFIX TAGK PROVIDERS PLAN OF CORRECTION (EACH CORRECTION CENTER) PROVIDERS PLAN OF CORRECTION CENTER	AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE	SURVEY
LIFE CARE CENTER OF EAST RIDGE X44 ID SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE CENTER OF RUSINE	NAME OF	DDOLUGE ALL	445296	B. Wif	1G		10/	
F281 Continued From page 9 August 21, 2011, at 10:40 p.m., revealed "Sent patient having dried blood around (resident's) lips. When (resident) pened by the hospital Emergency Room). Noticed patient having dried blood around (resident's) lips. When (resident) pened mouth there was blood all in it. Patient was completing of stormach pain. A.M. PT and INR was 83.3 and 6.9 gave Vitamin K 10 then held p.m. dose of Coumadin. Rechecked when blood was noticed, 46.5 and 3.9. Notified (name) of all the above (NP) requested to send (resident) out" Medical record review of the Hospital Emergency Department Record dated August 21, 2011, at 10:15 p.m. (disposition time), revealed the resident was seen in the Emergency Room due to abnormal labs at the Nursing Home. Continued review revealed and was positive. Further review revealed the resident was released from the Emergency Room to return to the facility on August 21, 2011, at 11:50 p.m. Review of the website fda.gov (United States Food and Drug Administration) for the Medication Guide, Coumadin, revealed, "What is the most important information I should know about COUMADIN' COUMADIN is very important for your health, but it can cause serious and life-threatening bleeding problems. To benefit from COUMAIN and also lower your chance for bleeding problems, you must. Call your healthcare provider right away if you get any of the following signs or symptoms of bleeding			Γ RIDGE		15	500 FINCHER AVENUE		
August 21, 2011, at 10:40 p.m., revealed "Sent patient out to ER (Emergency Room). Noticed patient having dried blood around (resident's) lips. When (resident) opened mouth there was blood all in it. Patient was complaining of stomach pain. A.M. PT and INR was 83.3 and 6.9 gave Vitamin K 10 then held p.m. dose of Coumadin. Rechecked when blood was noticed, 46.5 and 3.9. Notified (name) of all the above (NP) requested to send (resident) out" Medical record review of the Hospital Emergency Department Record dated August 21, 2011, at 10:15 p.m. (disposition time), revealed the resident was seen in the Emergency Room due to abnormal labs at the Nursing Home. Continued review revealed a diagnostic study to check for blood in the resident's stool and urine was completed and was positive. Further review revealed the resident was released from the Emergency Room to return to the facility on August 21, 2011, at 11:50 p.m. Review of the website fda.gov (United States Food and Drug Administration) for the Medication Guide, Coumadin, revealed, "What is the most important information I should know about COUMADIN? COUMADIN is very important for your health, but it can cause serious and life-threatening bleeding problems. To benefit from COUMANIN and also lower your chance for bleeding problems, you must: Call your healthcare provider right away if you get any of the following signs or symptoms of bleeding not seen the following signs or symptoms of bleeding not seen the following signs or symptoms o	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION
Interview with Licensed Practical Nurse (LPN) #1, by telephone, on October 17, 2011, at 2:30 p.m.,		August 21, 2011, at patient out to ER (E patient having dried When (resident) op all in it. Patient was A.M. PT and INR was K 10 then held p.m. Rechecked when bl 3.9. Notified (name requested to send (I Medical record revied Department Record 10:15 p.m. (dispositing resident was seen in to abnormal labs at Continued review recheck for blood in the was completed and revealed the resident Emergency Room to August 21, 2011, at Review of the website Food and Drug Admiguide, Coumadin, reimportant information COUMADIN? COUM your health, but it can life-threatening bleed from COUMAIN and bleeding problems, yhealthcare provider in the following signs or problems:bleeding Interview with License Interview I	in 10:40 p.m., revealed "Sent imergency Room). Noticed is blood around (resident's) lips. ened mouth there was blood is complaining of stomach pain. as 83.3 and 6.9 gave Vitamin dose of Coumadin. ood was noticed, 46.5 and of all the above (NP) resident) out" But of the Hospital Emergency dated August 21, 2011, at ion time), revealed the inthe Emergency Room due the Nursing Home. It is to a diagnostic study to be resident's stool and urine was positive. Further review it was released from the interest of the facility on the facili	F 2	:81			

STATEMEN	T OF DEFICIENCIES	(X4) DROVIDEDICIDEDICIO	Torri .				0. 0938-0391
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		NULTIPL IILDING	E CONSTRUCTION	(X3) DATE S COMPL	ETED
		445296	B. WI	NG			C
NAME OF	PROVIDER OR SUPPLIER	110200		STREE	ET ADDRESS, CITY, STATE, ZIP CODE	10/1	18/2011
LIFE CA	RE CENTER OF EAST	RIDGE		150	0 FINCHER AVENUE ST RIDGE, TN 37412		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	confirmed the Phys (NP) was not notifie gums on August 13 "There was dried ble (resident's) mouth, were bleeding. I cle noticed fresh blood looked and checked but there were none cleaning (resident's) blood thinners and resident's blood thinners and resident's blood thinners and resident's blood thinners and I try to dot my "I miss things sometimed the doctor or report and I try to dot my "I miss things sometimed the physician or Nurse I bleeding gums on A interview confirmed the Physician or Nurse I bleeding gums on A interview confirmed resident's gums were 2011. Continued interview confirmed the facility on August 20, 2011, Anticoagulation There confirmed the DON or required administration elevated PT/INR and Room for an elevated around the mouth on stated, "The communication in the communication of the communication in the communication of the communicat	ician or Nurse Practitioner of of the resident's bleeding, 2011. LPN #1 stated, ood in the corners of I looked inside and the gums seaned (resident) up, then I in (resident's) mouth. I defor sores and loose teeth, it is included the bleeding had so teeth. Then it clicked, it is it to anyone; I'm a new nurse is and cross my "T"s, but I into anyone; I'm a new nurse is and cross my "T"s, but I into anyone; I'm a new nurse is and cross my "T"s, but I into anyone; I'm a new nurse is and cross my "T"s, but I into anyone; I'm a new nurse is and cross my "T"s, but I into anyone; I'm a new nurse is and cross my "T"s, but I into anyone; I'm a new nurse is and cross my "T"s, but I into anyone; I'm a new nurse is and cross my "T"s, but I into anyone; I'm a new nurse is facility failed to notify the Practitioner of the resident's ugust 13, 2011. Continued the DON was unaware the bleeding on August 13, erview confirmed the facility failed to obtain the PT/INR for the resident on anyone, Further interview was unaware the resident on of Vitamin K due to an if was sent to the Emergency d PT/INR and bleeding august 21, 2011. The DON	F	281			

PRINTED: 10/26/2011 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

CENTERS	FOR MEDICARE	& MEDICAID SERVICES	(X2) MULTI	PLE CONSTRUCTION	COMPLET	ED
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	G	C 40/48	/2011
ANDIDATE		445296		REET ADDRESS, CITY, STATE, ZIP COD		12011
NAME OF PR	OVIDER OR SUPPLIER		1 1	REET ADDRESS, GITT, STATE 1500 FINCHER AVENUE EAST RIDGE, TN 37412		
LIFE CAR	E CENTER OF EAS	DESIGNATION DESIGNATION	1D	PROVIDER'S PLAN OF COR	RECTION SHOULD BE	COMPLETION DATE
(X4) ID PREFIX TAG	SUMMARY S (EACH DEFICIEN REGULATORY OF	TATEMENT OF DEFICIENTS CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	AFFROI (III)	
	confirmed the far on August 20, 20 Coumadin Thera confirmed the Arresident's gums 2011. Continue failed to train an precautions or inconfirmed the Arresident require to an elevated Femergency Robbleeding around Refer to F-157 C/O #28690 483.25 PROVI HIGHEST WE Each resident provide the neor maintain the mental, and paccordance wand plan of call the provide the neor maintain the mental of the provide the neor maintain the mental of call the provide the neor maintain	cility failed to obtain the PT/INR cility failed to obtain the PT/INR point, for the resident on apy. Continued interview diministrator was unaware the were bleeding on August 13, dinterview confirmed the facility dieducate staff on bleeding interventions. Continued interview distriction of vitamin K due of the facility and was sent to the form for an elevated PT/INR and the mouth on August 21, 2011. (J) DE CARE/SERVICES FOR LL BEING must receive and the facility must receive and services to attain the interview and services to attain the comprehensive assessment with the comprehensive assessment.	n Fillity I an for	F 309 SPECIFIC RESIDENTS Resident #8's care plan wa 8/25/11 to include interven adverse effects of Coumad bleeding. On 8-21-11, Res a 6.9 Prothrombin and Into Normalization (PT/INR). was notified of the change and an order was received Vitamin K. 10 mg of Vita administered by the Licer Resident was transferred Emergency Room where was completed with an It 2.8. The resident's PT/IN continues to be monitore The licensed nurse was rethe Director of Nursing (Assistant Director of Nursing (Assistant Director of Nursing of change of condition. Resident #4's medical reviewed on 10-13-11 to ensure the resident was correct dosage of Coumby the physician. The was re-educated by the Nursing (DON) and As of Nursing (ADON) on accurate transcription, clarification of handwin notification of DON/IN	in such as sident #8 had ernational The physician ernational The physician ernation in condition, I for 10 mg of min K was used Nurse. On 8-21-11 to a PT/INR test NR result of UR result d as ordered. The erducated by (DON) and ursing (ADON) an notification ecord was by the DON to receiving the madin as ordered licensed nurse. Director of sesistant Director in 10-14-11 on specifically the ritten orders,	
-	0110 10012011	Front ID:		Facility ID: TN3308	If continuation	3110001 090

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE S COMPLE	
		445296	B. WIN				C 8/2011
	RECENTER OF EAST	RIDGE		15	REET ADDRESS, CITY, STATE, ZIP CODE 500 FINCHER AVENUE AST RIDGE, TN 37412		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 309	a change in condition to monitor the Protion Ratio (PT/INR-lab to the protion the protion Ratio (PT/INR-lab to the protion the protion as ordered by the profiled to administer Coumadin (a blood resident (#4); and fa as ordered by the profiled to develop a failure to develop a failure to educate strailure to notify the production, and failure levels as ordered by active bleeding in the hospital emergency resident (#8); failure dosage of Coumadifor one resident (#4 Coumadin as ordered resident (#9) of twell placed resident (#9) of twell placed resident (#8, (situation in which a with one or more reshas caused, or is like harm, impairment of A meeting was held 11:45 a.m., in the Coumadinstrator, Director of Clinical Sof the Immediate Jegopardy constitues.	on for one resident (#8); failed me/International Normalization mest used to determine or blood thinning medications) hysician for one resident (#8); the correct dosage of thinning medication) for one mailed to administer Coumadin hysician for one resident (#9) ents reviewed. The facility's care plan with interventions, aff on bleeding precautions, ohysician of a change in the eto monitor the blood thinner of the physician resulted in the mouth and a transfer to the room for evaluation for one eto administer the correct of as ordered by the physician of a change in the mouth and a transfer to the room for evaluation for one eto administer the correct of as ordered by the physician of a change in the mouth and a transfer to the room for evaluation for one eto administer the correct of as ordered by the physician of a change in the physician for one of the physician of a change in the physician for one of the	F	309	Coumadin orders of 6mg and grand the verification of all orders relate to hospital records and tra orders. Resident #9's medical record was reviewed by the DON on 10-13-ensure the resident was receiving Coumadin as ordered by the phy The licensed nurses were re-edu on 10-14-11 by DON and ADON medication administration, specithe following of physician order the double-checking of admission orders and Medication Administ Review (MAR) reports. OTHER RESIDENTS Residents on Coumadin have the potential to be affected. Residen receiving Coumadin therapy were reviewed by the DON, NP and nonitoring of the MAR for accuracy. On 10-26-11 residents on Coumawere assessed for monitoring for adverse effects such as signs and symptoms of bleeding and/or broby LPNs, RNs and Unit Manage plans were updated by nurse may on 10-25-11 for interventions for bleeding precautions. Residents on Coumadin therapy reviewed daily by Nursing	as they nsfer as sell to g rsician. cated N on ifically is, and on rration ets re aurse JR r, and adin r l uising ars. Care anagers r	

	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	ILTIPLE CONSTRUCTION DING	(X3) DATE	E SURVE
NAME OF	DDO: #F	445296	B. WING		COM	PLETED
	PROVIDER OR SUPPLIER				10	C
	ARE CENTER OF EAST		s	TREET ADDRESS, CITY, STATE, ZIP COD 1500 FINCHER AVENUE) 10	/18/20
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE ACTION S	RECTION HOULD BE	СОМ
Re Aug (par doc Prac gum	Hemiplegia (paralysis the body), and Neural Medical record review dated August 12, 201 mg (milligrams) daily. greater than or equal of Medical record review Care Plan (no date) repotential for Bleeding. Continued review of the care plan revealed dentified (no intervential for bleeding presented for the care plan or written in the care plan or bleeding presented for the second review of the 300 Hall 2 gust 13, 2011, reveal 19/3.2No change" Redical record review of gust 13, 2011, at 1:50 tient) gums bleeding the sin mouth" Continuentation the Physic citioner (NP) was not included record reviews of the care of the physical record reviews of the physical	nitted to the facility on August obes including Atrial sion, Late-Effects affecting only one side of Igia. If of the admission orders 1, revealed "Coumadin 5PT/INR daily until INR is to 2.0" of the Interim (Admission) vealed "Resident Need:Related To: Coumadin" a Interventions section of no interventions were one were selected on the ne available spaces). alled no interventions for ecautions. 24-Hour Report dated and "PT/INR a Nurse's Note dated p.m., revealed "Pt upon inspection of the nued review revealed no	i	DEFICIENCY)	propriate printing, Weekend) to n ysician. or of Nursing, had n v nily by r of printing, will be rs and correct 10- ng lers ing sion rd to the o 6 d	

#466 P.016/064

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SU COMPLE	JRVEY TED
AND PLAN C	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			С
		445296	B. WING		10/1	8/2011
	ROVIDER OR SUPPLIER	T RIDGE	150	ET ADDRESS, CITY, STATE, ZIP CODE 10 FINCHER AVENUE ST RIDGE, TN 37412		
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	OULD BE	(X5) COMPLETION DATE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)		
F 309	Medical record revorder dated Augurevealed "Vit (vit anticoagulation ef mouth) now. DC thinning medication daily. DC Plavix (inhibits platelet fur PT/INR in AM (motoday" Medical record re Flowsheet reveals INR 4.7Current Change: Hold" Physician's Telep 2011, at 1:20 p.m for today. Next PMedical record re Medication Admit Treatment Admit Treatment Admit Treatment Admit Nurse's Notes at Report revealed was completed of Medical record re Flowsheet reveal INR 6.9Curren Change: Hold" Physician's Tele 2011, at 12:30 ppo now. Rechect Medical record responses to the following the first out to Fernand Treatment Out Treat	age 14 view of a Physician's Telephone st 15, 2011, at 6:00 p.m., ramin) K (used to reverse the fect of Coumadin) 10 mg po (by (discontinue) Lovenox (a blood on) 40 mg Subq (subcutaneous) a medication that destroys or nction) 75 mg po daily. Check orning). Hold Coumadin View of the PT/INR/Coumadin ed "August 19, 2011PT 56.7; Dose (Coumadin) 5 mgDose Medical record review of a shone Order dated August 19, a., revealed "Hold all Coumadin et "TINR on August 20, 2011" Eview of the PT/INR Flowsheets, instration Records (MARs), and review of the facility's 24-Hour no documentation the PT/INR eview of the PT/INR/Coumadin led "August 21, 2011PT 83.3/ at Dose (Coumadin) 5 mgDose Medical record review of a phone Order dated August 21, .m., revealed "Give Vit K 10 mg ck PT/INR on August 22, 2011" eview of a Nurse's Note dated at 10:40 p.m., revealed "Sent R (Emergency Room). Noticed ried blood around (resident's) lips		verify Coumadin orders with tadmitting physician on day of admission. Licensed nurses we educated on this process by th (Staff Development Coordinat DON from 10-22-11 through The Regional Director of Clin Services (RDCS) inserviced I Nursing Administration (Assi Director of Nursing, and Unit and Weekend Supervisor) on on Coumadin protocols and p These included the following charts, MARs and Coumadin records to the Coumadin mee Checking residents' orders for Coumadin against MAR and Checking MARs for correct transcriptions and any omissi MAR for administering medic Checking for PT/INRs being ordered and notification to MPT/INR. Orders written on the orders and updating MARs. For any antibiotic use. Checking plans for antibiotic use interactions. From 10-14-11 through 10-2 in-service education of licenstaff was completed by the Sevelopment Coordinator) in accurate transcription, verification doses, administring medication according to physical staff was completed by the Sevelopment Coordinator) in accurate transcription, verification according to physical staff was completed by the Sevelopment Coordinator) in accurate transcription, verification according to physical staff was completed by the Sevelopment Coordinator) in accurate transcription, verification according to physical staff was completed by the Sevelopment Coordinator) in accurate transcription, verification according to physical staff was completed by the Sevelopment Coordinator) in accurate transcription, verification according to physical staff was completed by the Sevelopment Coordinator) in accurate transcription, verification according to physical staff was completed by the Sevelopment Coordinator) in accurate transcription, verification according to physical staff was completed by the Sevelopment Coordinator) in the sevelopment Coordinator of the sevelopment Co	ere e SDC tor) and 10-26-11. ical DON and stant Managers 10-12-11 rocedures. Eringing flow ting. or flow sheet. ons on ications. done as ID of elephone Checking ing care actions with 20-11, an sed nursing SDC (Staff regarding cation of ation of	

STATEMEN	TOP DEFICIENCES	A MEDICAID SERVICES				OMB NO	0.0938-0391
AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPLE ILDING	CONSTRUCTION	(X3) DATE S COMPL	SURVEY
		445296	B. WII	vg		10/	C 18/2011
LIFE CA	PROVIDER OR SUPPLIER RE CENTER OF EAS		•	1500	T ADDRESS, CITY, STATE, ZIP CODE FINCHER AVENUE T RIDGE, TN 37412	107	16/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	UIDRE	(X5) COMPLETION DATE
	When (resident) op all in it. Patient was A.M. PT and INR w K 10 then held p.m. Rechecked when b 3.9. Notified (name requested to send (ened mouth there was blood as complaining of stomach pain. as 83.3 and 6.9 gave Vitamin dose of Coumadin. lood was noticed, 46.5 and of of all the above (NP) resident) out" Ew of the Hospital Emergency dated August 21, 2011, at ion time), revealed the nather Emergency Room due the Nursing Home. It was positive. Further review at was released from the preturn to the facility on 11:50 p.m. The fda.gov (United States inistration) for the Medication evealed, "What is the most in I should know about MADIN is very important for in cause serious and ling problems. To benefit also lower your chance for ou must: Call your ight away if you get any of symptoms of bleeding	F		orders, and obtaining lab results a ordered. Licensed nurses' re-education was conducted from 10-22-11 through 26-11 by the DON including (but limited to: monitoring for adverse effects such as signs and symptom bleeding, notifying the physician change of condition immediately, planning interventions related to adverse effects of Coumadin such bleeding, accurate transcription, verification of medication doses, administration of medication account to physician orders, and obtaining results as ordered. One licensed nurse was not educated to FMLA leave, and that nurs not be allowed to work until they been re-educated. Newly hired licenurses will be educated in orientation adverse effects of Coumadin susings and symptoms of bleeding, timmediate notification of the physical with change of condition, and care planning interventions for adverse effects of Coumadin such as bleed. Nursing Administration (Director Nursing, Assistant Director of Nursus Unit Managers on weekdays, and Weekend Supervisor on weekends notidays) is monitoring PT/INR reliaily.	ns h 10- not e ms of with h care n as ording g lab sted tee will have teensed tion uch as the sician e fing. of rsing and and	

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMEN	IT OF DEFICIENCIES	(V4) PROVEDENCES		- 24		OMB NO	0.0938-0391
 AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION USING	(X3) DATE COMPL	SURVEY
NAME OF		445296	B. WIN	NG		10/	C 18/2011
	RE CENTER OF EAST	TEMENT OF DEFICIENCIES	ID		TREET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE EAST RIDGE, TN 37412 PROVIDER'S PLAN OF CORRE		
TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI. TAG		(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETION DATE
i fi	"There was dried blo (resident's) mouth. were bleeding. I cle noticed fresh blood i looked and checked but there were none. cleaning (resident's) blood thinners and re nothing to do with loo was the blood thinnet the doctor or report it and I try to dot my "I" miss things sometime Interview with the Dir October 17, 2011, at Room, confirmed the Physician or Nurse P bleeding gums on Au interview confirmed the educate staff on bleed acility failed to obtain 2011, for the resident Therapy. Further inte vas unaware the resident for Vitamin K due to an ent to the Emergency T/INR and bleeding a ugust 21, 2011. The ommunication is poor interview with the Adm 011, at 2:00 p.m., in the onfirmed the facility fail n August 20, 2011, for oumadin Therapy. Co	looked inside and the gums aned (resident) up, then I n (resident's) mouth. I for sores and loose teeth, I went to the chart after mouth and saw all of the ealized the bleeding had ose teeth. Then it clicked, it rs. I just didn't think to call to anyone; I'm a new nurse s and cross my "T"s, but I es." ector of Nursing (DON) on 2:45 p.m., in the Conference facility failed to notify the ractitioner of the resident's gust 13, 2011. Continued the facility failed to train and ding precautions or used interview confirmed the the PT/INR on August 20, on Anticoagulation rview confirmed the DON dent required administration in elevated PT/INR and was by Room for an elevated around the mouth on a DON stated, "The r." sinistrator on October 18, the Conference Room, ailed to obtain the PT/INR or the resident on the properties of the resident on the properties of the properti	F3	2008	As of 10-13-11, this new Coumprocess involves the following: PT/INRs to be drawn in the mothe licensed nurse assigned to the resident. The licensed nurse assigned the resident records the results of PT/INR flow sheet and signs the sheet. The licensed nurse assign the resident records the results of MAR and initials that it is compassion to the Nurse Practitioner conditions weekday Coumadin meeting, who consists of the following: A) Reall PT/INR results and write any orders for Coumadin including the scheduled PT/INR. If any Coumorder is greater than 6mg, the DO be notified. B) Unit Managers who compare pink anticoagulation Mand PT/INR flow sheets with all Coumadin orders to ensure the outranscribed accurately to both MAPT/INR flow sheet. C) Orders on admitted residents receiving Coumill as of 10/13/11 be reviewed for accuracy by the Unit Managers in Coumadin Meeting. The Coumadorders will be compared to the orthospital orders, and if any Couma order is greater than 6mg, the DO be notified (All licensed nurses we educated 10-22-11 through 10-26 the DON regarding this protocol)	rning by the igned to on the e flow the eflow the deted to on the eleted. istration the the next the n	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/26/2011 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 445296 10/18/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE LIFE CARE CENTER OF EAST RIDGE EAST RIDGE, TN 37412 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 309 | Continued From page 17 F 309 staff on bleeding precautions or interventions. At the completion of the Coumadin Continued interview confirmed the Administrator meeting the unit manager will, as of was unaware the resident required administration 10/13/11, return the charts to the floor of Vitamin K due to an elevated PT/INR and was and notify the licensed nurse assigned sent to the Emergency Room for an elevated to the resident of any orders. The PT/INR and bleeding around the mouth on licensed nurse assigned to the resident August 21, 2011. is to notify the pharmacy of any new Coumadin orders via fax. The Unit Resident #4 was admitted to the facility on Managers are as of 10/13/11 to ensure September 7, 2011, with diagnoses including Hip the proper Coumadin dose is in the Joint Replacement, Severe Degenerative Joint medication cart before the 5pm Disease, and Transient Ischemic Attacks (a brief medication administration. interruption of the blood supply to part of the brain and may be a warning sign for a full-scale stroke). On weekends and holidays, the Weekend Supervisor will, as of Medical record review of the Physician 10/13/11, collect the PT/INR flow sheet Recapitulation Orders from the transferring facility books to ensure that the PT/INRs were dated September 4, 2011 through September 30, completed as ordered. The Weekend 2011, revealed "...Coumadin 2.5 mg po daily (hand-written)..." Supervisor will call the NP with the results of any new PT/INRs and write any new telephone orders needed The Medical record review of a Nurse's Note from the MARs will be checked to ensure that transferring facility dated September 4, 2011, at the Coumadin dose and order is 11:17 p.m., revealed "...admitted from (hospital) transcribed accurately. The weekend with total left hip replacement from supervisor will ensure that the proper degeneration...resident on Coumadin 2.5 Coumadin dose is in the medication cart (milligrams). PT/INR to be checked in a.m..." before the 5pm medication administration. The Weekend Medical record review of a Nurse's Note from the Supervisor will be present at the transferring facility dated September 5, 2011, at Monday Coumadin meeting. 12:34 a.m., revealed "...PT/INR 46.6/3.9..." Medical record review of a Physician's Telephone The physician/NP is notified by nursing Order from the transferring facility dated administration (Director of Nursing, September 5, 2011, at 11:00 a.m., revealed

"...Continue to hold Coumadin today...recheck

Medical record review of the PT/INR/Coumadin

PT/INR September 6, 2011..."

Assistant Director of Nursing, Weekend

Supervisor and Unit Managers) of all

PT/INR results daily and gives new

CENTERS FOR MEDICARE & MEDICAID SERVICES		& MEDICAID SERVICES			FOR	M APPROVE
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDING	PLE CONSTRUCTION	OMB NO. 0938-0 (X3) DATE SURVEY COMPLETED	
		445296	B. WING			С
1	PROVIDER OR SUPPLIER		STR	EET ADDRESS, CITY, STATE, ZIP CODE	10/18/2011	
LIFE CA	RE CENTER OF EAST		15	500 FINCHER AVENUE AST RIDGE, TN 37412		
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOUI D BE	(X5) COMPLETION DATE
	3.9Current Dose (Change: Hold" Me Physician's Telephotransferring facility d (time is illegible) reversity of the measure of the measur	transferring facility revealed 1PT 46.8; INR Coumadin) 2.5 mgDose edical record review of a ne Order from the ated September 6, 2011, ealed "Continue to hold PT/INR on September 8, w of a Physician's Telephone ferring facility dated (no time) revealed fer to (nursing home) on per family requestContinue ders" I v of the Admission Orders ronic charting system by mber 7, 2011, revealed g po daily (a hand-written gh the "12.5 mg po daily" led)PT/INR on September with results prior to giving very three days x (times) very Wednesday (start" I of the PT/INR/CoumadinSeptember 8, 2011PT t Dose (Coumadin) 12.5 lank)" Medical record	F 309	orders as needed for Coumadir with the date of the next PT/IN MAR is reviewed daily by Nur Administration (Director of Nursing, Supervisor and Unit Managers) ensure the correct dose of Couhas been given and documented correctly. New physician order reviewed daily by the Nursing Administration (Director of Nursing, Nupervisor and Unit Managers) ensure the correct dose is writte MAR. The medication sent from pharmacy was being checked by licensed nurses prior, a new prowas put in place to expand this of Unit Managers on 10-26-11.	R. The sing rsing, Weekend to madin is are rsing, Weekend to n on the m	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		LE CONSTRUCTION	(X3) DATE SE COMPLE	
		445296	B. Wit	۱G			C 8/2011
	OVIDER OR SUPPLIER	RIDGE		15	EET ADDRESS, CITY, STATE, ZIP CODE 00 FINCHER AVENUE AST RIDGE, TN 37412		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F T F T F T F T F T F T F T F T F T F T	Flowsheet revealed 96.0; INR 8.0CurringDose Change: record review of a Floated September 1: "Vit K 10 mg PO x PT/INR stat (immed review of a PT/INR 2.0-3) (immed record review of a PT/INR 13.6M) (immed record review of a PT/INR 13.60Recheck PT/INR 13.60Re	ew of the PT/INR/Coumadin "September 11, 2011PT ent Dose (Coumadin) 12.5 Hold Coumadin" Medical Physician's Telephone Order 1, 2011, at 2:00 p.m., revealed (1 (one) dose nowRecheck liately)" Medical record obtained on September 11, revealed "PT > (greater 4.0 (Therapeutic Range: PT 3.5)" ew of a PT/INR obtained on 1, at 4:23 p.m., revealed "PT edical record review of a one Order dated September m., revealed "Vit K 10 mg et 116.5; INR et of a Nurse's Note dated 1, at 10:24 p.m., revealed 1, 2011, at 9:00 p.m., revealed	F	809			

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	IULTIP	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUI	LDING)		C
		445296	B. WIN	1G	AND THE RESERVE OF THE PARTY OF	Secretary S	8/2011
	ROVIDER OR SUPPLIER	RIDGE		15	EET ADDRESS, CITY, STATE, ZIP CODE 100 FINCHER AVENUE AST RIDGE, TN 37412		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	September 13, 201 September 13, 201 Review of a facility and Administrator in September 14, 201 October 1, 2011, re Investigative Facts: facility not clearly w Coumadin was tran as a higher dose the transferring facility. PT/INR was checked ordered from transfersident's PT/INR to ordered on Septem was ordered on that stable) PT/INR outlifiedVitamin K heldPT/INR order range NP ordered of givenRecomment future review if a Coursing will clarify of Doctor)/NP and not revealed an attached September 12, 201 two LPN signatures Signature Sheet. R Associate (Employed 2011, revealed 68 lift the facility. Interview with LPN facility of the transferring facility.	1Recheck PT/ INR 1" investigation, to include DON nestigative data review, dated 1, and Medical Director dated vealed "Summary of Orders from the transferring ritten for Coumadin orders. scribed on physician's orders an ordered from the Coumadin was given after ed on September 8, 2011 as erring facility which caused to be out of range. Vitamin K ber 11, 2011, after PT/INR to date. VSS (vital signs at of rangeNP order Coumadin edOnce PT/INR was in	F	309			

#466 P.023/064

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	M APPROV O. 0938-0 SURVEY LETED
NAME OF	PROVIDER OR SUPPLIER	445296	B. WING		10/	С
	ARE CENTER OF EAST		1 100	ET ADDRESS, CITY, STATE, ZIP CODE 10 FINCHER AVENUE		18/2011
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP		(X5) COMPLETIC DATE
Interest of the second	incorrectly transcribed charting system as CLPN #2 stated, "I thom mg." Continued interreviewed the transfer physician orders to he check and recheck P confirmed "When Colare being rechecked, too high from the Cougetting too much the Residual Director) on Cougetting too much cougetting in the Confere Physician did review reders on September 9 gned the orders based out the understanding the cought to the conference of the cought to	ed into the facility's electronic Coumadin 12.5 mg daily, ught the orders said 12.5 view confirmed LPN #2 tring facility's previous old the Coumadin and to T/INRs. Continued interview umadin is held and PT/INRs it is because the INRs are imadin, the resident is madin." Continued de Coumadin being held and de on a newly admitted or alarm LPN #2. Further PN #2 failed to verify the umadin with the lor the physician upon dent's Attending Physician vertice Room, confirmed or and sign the Admission, 2011, and stated, "I do not the understanding the rows what the resident insferring facility and based here was no transcription."	F 309	DEFICIENCY)	PROPRIATE	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE S COMPL	
		445296	B. WII	NG			C 8/2011
	PROVIDER OR SUPPLIER	RIDGE		15	EET ADDRESS, CITY, STATE, ZIP CODE 500 FINCHER AVENUE AST RIDGE, TN 37412		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	stated "I reviewed to #1 read the (transfer RN #1 read the Corcoumadin 12.5 mg RN #1 read the 12.5 mg RN #1 read the 12.5 mg RN #1 read the 12.5 mg read the one giving validated why (resid at this point, I wasn't linterview with RN #3:25 p.m., in the Co RN #1 and LPN #3 Orders for transcrip "LPN #3 reviewed to the (transferring fact the Coumadin 2.5 md aily and LPN #3 common gaily was on our interview confirmed mg dosage of Coumfacility and/or the pholonomy of	the Admission Orders as RN erring facility's) orders aloud; umadin 2.5 mg daily as daily." LPN #3 stated "When 5 mg, I thought, that's a lot of 't say anything. If I was going the 12.5 mg, I would have lent) was to get 12.5 mg, but the giving it." 1 on October 11, 2011, at inference Room, confirmed reviewed the Admission orders as I read ility's) orders aloud. I did read in a daily as Coumadin 12.5 mg onfirmed the Coumadin 12.5 and orders." Further RN #1 failed to verify the 12.5 and in with the transferring expician upon admission. 2 on October 11, 2011, at inference Room, confirmed 12.5 mg of Coumadin on Continued interview ssumed the MAR was o verify the 12.5 mg dosage e transferring facility and/or	F	309			

#466 P.025/064

A BUILDING A BUILDING A BUILDING A BUILDING COMPLETED COMPLET	STATEMEN	T OF DEFICIENCIES	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MIII	TIPLE CONSTRUCTION	OMB NO). 0938-039
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF EAST RIDGE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FOR 309 Continued From page 23 and/or the physician upon admission. Interview with the NP on October 12, 2011, at 3:00 p.m, in the Conference Room, confirmed the NP was not notified of the September 8, 2011, PT/INR (19.2/1.6); was not aware of the 12.5 mg dosage of Coumadin or the resident's history just prior to admission of the Coumadin 2.5 mg being held due to elevated PT/INRs until September 11, 2011, I was notified of an elevated INR of 8.0. I came in on that date to check the resident and it was on that date I saw the 12.5 mg dosage on the Admission Orders and drew a line through it to make sure no more was given." Interview with the Director of Nursing (DON) on October 17, 2011, at 2:45 p.m., in the Conference Room, confirmed the facility failed to verify the 12.5 mg dosage of Coumadin with the page of Coumadin with the p	THE PLAN	OF GURRECTION	IDENTIFICATION NUMBER:	800 Mg			
LIFE CARE CENTER OF EAST RIDGE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 309 Continued From page 23 and/or the physician upon admission. Interview with the NP on October 12, 2011, at 3:00 p.m, in the Conference Room, confirmed the NP was not notified of the September 8, 2011, PT/INR (19.2/1.6); was not aware of the 12.5 mg dosage of Coumadin or the resident's history just prior to admission of the Coumadin 2.5 mg being held due to elevated PT/INRs until September 11, 2011. The NP stated, "On September 11, 2011. The NP stated, "On September 11, 2011. The NP stated, "On September 11, 2011. The NP stated of the Coumadin of the Coumadin of the Admission Orders and drew a line through it to make sure no more was given." Interview with the Director of Nursing (DON) on October 17, 2011, at 2:45 p.m., in the Conference Room, confirmed the facility failed to verify the 12.5 mg dosage of Coumadin with the			445296	B. WING			
(X2) D SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 309 Continued From page 23 and/or the physician upon admission. Interview with the NP on October 12, 2011, at 3:00 p.m, in the Conference Room, confirmed the NP was not notified of the September 8, 2011, PT/INR (19.2/1.6); was not aware of the 12.5 mg dosage of Coumadin or the resident's history just prior to admission of the Coumadin 2.5 mg being held due to elevated PT/INRs until September 11, 2011. The NP stated, "On September 11, 2011, I was notified of an elevated INR of 8.0. I came in on that date to check the resident and it was on that date I saw the 12.5 mg dosage on the Admission Orders and drew a line through it to make sure no more was given." Interview with the Director of Nursing (DON) on October 17, 2011, at 2:45 p.m., in the Conference Room, confirmed the facility failed to verify the 12.5 mg dosage of Coumadin the the facility failed to verify the 12.5 mg dosage of Coumadin with the Director of Nursing (DON) on October 17, 2011, at 2:45 p.m., in the Conference Room, confirmed the facility failed to verify the 12.5 mg dosage of Coumadin with the	NAME OF F	PROVIDER OR SUPPLIER		T _{CT}	DEET ADDRESS OF STATE	10/	18/2011
F 309 Continued From page 23 and/or the physician upon admission. Interview with the NP on October 12, 2011, at 3:00 p.m, in the Conference Room, confirmed the NP was not notified of the Coumadin 2.5 mg being held due to elevated PT/INRs until September 11, 2011. The NP stated, "On September 11, 2011, I was notified of an elevated INR of 8.0.1 came in on that date I saw the 12.5 mg dosage on the Admission Orders and drew a line through it to make sure no more was given." Interview with the Director of Nursing (DON) on October 17, 2011, at 2:45 p.m., in the Conference Room, confirmed the Admission Orders and drew a line through it to make sure no more was given." Interview with the Director of Nursing (DON) on October 17, 2011, at 2:45 p.m., in the Conference Room, confirmed the facility failed to verify the 12.5 mg dosage of Coumadin with the	LIFE CA	RE CENTER OF EAS	T RIDGE		1500 FINCHER AVENUE	E	
F 309 Continued From page 23 and/or the physician upon admission. Interview with the NP on October 12, 2011, at 3:00 p.m, in the Conference Room, confirmed the NP was not notified of the September 8, 2011, PT/INR (19.2/1.6); was not aware of the 12.5 mg dosage of Coumadin or the resident's history just prior to admission of the Coumadin 2.5 mg being held due to elevated PT/INRs until September 11, 2011. The NP stated, "On September 11, 2011, I was notified of an elevated INR of 8.0. I came in on that date to check the resident and it was on that date I saw the 12.5 mg dosage on the Admission Orders and drew a line through it to make sure no more was given." Interview with the Director of Nursing (DON) on October 17, 2011, at 2:45 p.m., in the Conference Room, confirmed the facility failed to verify the 12.5 mg dosage of Coumadin with the	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY ELLI	ID PREFIX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOLLIDBE	(X5) COMPLETION DATE
NP was not notified of the September 8, 2011, PT/INR (19.2/1.6); was not aware of the 12.5 mg dosage of Coumadin or the resident's history just prior to admission of the Coumadin 2.5 mg being held due to elevated PT/INRs until September 11, 2011. The NP stated, "On September 11, 2011, I was notified of an elevated INR of 8.0. I came in on that date to check the resident and it was on that date I saw the 12.5 mg dosage on the Admission Orders and drew a line through it to make sure no more was given." Interview with the Director of Nursing (DON) on October 17, 2011, at 2:45 p.m., in the Conference Room, confirmed the facility failed to verify the 12.5 mg dosage of Coumadin with the	F 309	Continued From pa and/or the physician	ge 23 n upon admission.	F 309			
	 	NP was not notified PT/INR (19.2/1.6); videsage of Coumadi prior to admission of held due to elevated 2011. The NP state was notified of an elevate on that date to check that date I saw the 1 Admission Orders at make sure no more interview with the Di October 17, 2011, at Room, confirmed the 12.5 mg dosage of C	of the September 8, 2011, was not aware of the 12.5 mg nor the resident's history just of the Coumadin 2.5 mg being of PT/INRs until September 11, 2011, I evated INR of 8.0. I came in the resident and it was on 2.5 mg dosage on the not drew a line through it to was given." Tector of Nursing (DON) on 2:45 p.m., in the Conference of facility failed to verify the coumadin with the				
	M O "	ledical record review order dated July 21, 2 Continue Coumadi	of a Physician's Telephone 2011, at 1:00 p.m., revealed				
Rhabdomyolysis, and Alzheimer's Disease. Medical record review of a Physician's Telephone Order dated July 21, 2011, at 1:00 p.m., revealed "Continue Coumadin 5 mg po dailyRecheck PT/INR July 23, 2011"	[[-]	edical record review owsheet dated July 3.4; INR 3.2"	of the PT/INR/Coumadin 23, 2011, revealed "PT				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPI LDING	LE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		445296	B. WIN	1G			C 8/2011
	ROVIDER OR SUPPLIER	RIDGE		150	EET ADDRESS, CITY, STATE, ZIP CODE 00 FINCHER AVENUE AST RIDGE, TN 37412		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	Medical record revior Order dated July 23 "D/C Coumadin 5 mg PO dailyRech Medical record revirevealed Coumadir July 23, 2011, at 5: revealed the Coum discontinued and Costarted until July 24 Medical record review flowsheet and a Pidated July 25, 2014, at 5: revealed the Coumadin for review of a Physician for review delevated held. Medical record review flowsheet dated July 27.0; INR 2.3" Medical record review flowsheet and a Pidated July 31, 20121.7; INR 1.8, rechand continue Counterview of the Augure review of the Augure flowsheet and a Pidated July 31, 20121.7; INR 1.8, rechand continue Counterview of the Augure flowsheet and a Pidated July 31, 20121.7; INR 1.8, rechand continue Counterview of the Augure flowsheet and a Pidated July 31, 20121.7; INR 1.8, rechand continue Counterview of the Augure flowsheet and a Pidated July 31, 20121.7; INR 1.8, rechand continue Counterview of the Augure flowsheet and a Pidated July 31, 20121.7; INR 1.8, rechand continue Counterview of the Augure flowsheet and a Pidated July 31, 20121.7; INR 1.8, rechand continue Counterview of the Augure flowsheet and a Pidated July 31, 20121.7; INR 1.8, rechand continue Counterview of the Augure flowsheet and a Pidated July 31, 20121.7; INR 1.8, rechand continue Counterview of the Augure flowsheet and a Pidated July 31, 20121.7; INR 1.8, rechand continue Counterview of the Augure flowsheet and a Pidated July 31, 20121.7; INR 1.8, rechand continue Counterview of the Augure flowsheet and a Pidated July 31, 20121.7; INR 1.8, rechand continue Counterview of the Augure flowsheet and a Pidated July 31, 20121.7; INR 1.8, rechand continue Counterview of the Augure flowsheet and a Pidated July 31, 20121.7; INR 1.8, rechand continue Counterview of the Augure flowsheet and a Pidated July 31, 20121.7; INR 1.8, rechand contenue flowsheet and a Pidated July 31, 20121.7; INR 1.8, rechand con	ew of a Physician's Telephone 3, 2011, at 3:00 p.m., revealed 5 mg PO dailyCoumadin 4.5 leck PT/INR July 25, 2011" ew of the July 2011, MAR 5 mg was administered on 00 p.m. Continued review adin 5 mg was not coumadin 4.5 mg was not coumadin 4.5 mg was not 2011, at 5:00 p.m. lew of the PT/INR/Coumadin hysician Telephone Order 1, at 2:00 p.m., revealed PT eck PT/INR July 27, 2011, and two days. Medical record an's Telephone Order and the Flowsheet dated July 27 (at 1y 29, 2011, revealed PT/INRs and the Coumadin 4.5 mg was lew of the PT/INR/Coumadin 1, 29, 2011, revealed "PT ledical record review of one Order dated July 30, 2011, led "D/C Coumadin 4.5 lin 4 mg dailyRecheck	F	309			

#466 P.027/064

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCT	ION	OMB NO	. 0938-0
				LDING		COMPLE	TED
NAME OF PROVIDER OR SUPPLIER		445296	B. WIN	IG			C
	ARE CENTER OF EAS			STREET ADDRESS, C 1500 FINCHER AV EAST RIDGE, TN	TY, STATE, ZIP CODE ENUE	10/1	8/2011
PREFIX TAG		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVID (EACH CO	ER'S PLAN OF CORRECTIO RRECTIVE ACTION SHOULD ERENCED TO THE APPROP		(X5) COMPLETI DATE
F 309	Continued From pa 2, 2011.	ge 25	F 30		DEFICIENCY)		
In In In In In In In In	dated August 2, 201 16.4; INR 1.4, D/C C Coumadin 4.5 mg poreview of the PT/INR revealed "August 5 Medical record review Order dated August 6 revealed "Change C PO dailyRecheck P Medical record review revealed the Coumad on August 6, 2011. C he Coumadin 5 mg w August 6 and 7, 2011, hysician, until August hterview with the Direct 7, 2011, at 2:45 p.m., 1:00 a.m., in the Cont refeacility failed to adn roumadin as ordered if 8, 2011; August 1, 2, 6 refer to F-157 (J), F-28 O #28690 3.25(m)(2) RESIDEN GNIFICANT MED ER	ctor of Nursing on October and October 18, 2011, at derence Room, confirmed ninister the resident's by the Physician on July 3, 7, 2011.	F 333				261 N

PRINTED: 10/26/2011

		HAND HUMAN SERVICES 8 MEDICAID SERVICES				FORM	: 10/26/2011 APPROVED : 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: 445296		A. BUII	DING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		B. WIN	G			8/2011	
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF EAST RIDGE			15	EET ADDRESS, CITY, STATE, ZIP CODE 100 FINCHER AVENUE AST RIDGE, TN 37412	8		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATÉMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFE TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 333	This REQUIREME by: Based on medical records, review of the facility failed to significant medical Coumadin (a blood (#4) resident; and as ordered by the of twenty-one resid failure to administe Coumadin as orde resident (#4) cause administration of V anticoagulant effec #4; and failure to a ordered by the phy twenty-one resident #4 and #9 in Imme which a provider's more requirements is likely to cause so or death). A meeting was hele 11:45 a.m., in the C Administrator, Dire Director of Clinical of the Immediate J Jeopardy was effect ongoing and Subst The findings includ Resident #4 was as September 7, 2011 Joint Replacement	record review, review of facility pharmacy policy, and interview, prevent three consecutive ions errors when administering if thinning medication) for one failed to administer Coumadin physician for one resident (#9) tents reviewed. The facility's er the correct dosage of red by the physician for one ed the emergency itamin K (used to reverse the ests of Coumadin) for resident dminister Coumadin as sician for one resident (#9) of its reviewed placed resident's diate Jeopardy (situation in noncompliance with one or of participation has caused, or erious injury, harm, impairment d on October 18, 2011, at Conference Room, with the cotor of Nursing, and Regional Services to inform the facility eopardy. The Immediate ctive August 13, 2011, and is andard Quality of Care.	F 3	:33	F 333 SPECIFIC RESIDENTS: Resident #4's medical record warreviewed on 10-13-11 by the DO ensure the resident was receiving correct dosage of Coumadin as or by the physician. The licensed mass re-educated by the Director of Nursing (DON) and Assistant Director of Nursing (ADON) on 10-14-11 accurate transcription, specificall clarification of handwritten order notification of DON/MD on all Coumadin orders greater than 6m the verification of all orders as the relate to hospital records and transorders. Resident #9's medical record was reviewed by the DON on 10-13-1 ensure the resident was receiving Coumadin as ordered by the phys. The licensed nurses were re-educion 10-14-11 by DON and ADON medication administration, specification of physician orders, the double-checking of admission orders and MAR reports. OTHER RESIDENTS The Regional Director of Clinical Services (RDCS) inserviced DON Nursing Administration (Director)	on to gethe redered urse of rector on y the res, and ey asfer sician. ated on ically , and i	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: V3YT11

Facility ID: YN\$308

If continuation sheet Page 27 of 60

From:

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES			PRINTED): 10/26/201: APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION	(X3) DATE S). 0938-039° SURVEY
		445296	A. BUILI B. WING		COMPL	С
	PROVIDER OR SUPPLIER		1 5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 10/1	18/2011
LIFE CA	RE CENTER OF EAST	RIDGE		1500 FINCHER AVENUE EAST RIDGE, TN 37412	8	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT	III D RE	(X5) COMPLETION DATE
F 333	interruption of the b	lood supply to part of the brain	F 33	Nursing, Assistant Director of N	uraina .	
	and may be a warn	ng sign for a full-scale stroke).		and Unit Managers) on Coumadi		
	dated September 4	ers from the transferring facility 2011 through September 30, ournadin 2.5 mg (milligrams)		protocols and procedures which included monitoring PT/INR on 11. From 10-14-11 through 10-20-11 in-service education was comple	l, an	
	Medical record reviet transferring facility of	ew of a Nurse's Note from the lated September 4, 2011, at		the SDC (Staff Development Coordinator) regarding accurate transcription, verification of med doses, administration of medicati according to physician orders, an	lication	
	degenerationresid (milligrams). PT/INI Normalization Ratio.	ent on Coumadin 2.5 R (Protime/International test used to determine the blood thinning medications)		obtaining lab results as ordered. Licensed nurses' re-education was conducted from 10-22-11 through 26-11by the SDC and DON inclu (but not limited to) monitoring for	as h 10- iding or	
j.	transferring facility d	w of a Nurse's Note from the ated September 5, 2011, at "PT/INR 46.6/3.9"		adverse effects such as signs and symptoms of bleeding, the imme- notification of the physician with change of condition, and care pla	diate nning	
	Order from the trans September 5, 2011	at 11:00 a.m., revealed		interventions for bleeding, accuration transcription, verification of medications, administration of medication according to physician orders, an obtaining lab results as ordered.	ication on	
1	Medical record review Flowsheet from the to September 6, 201	w of the PT/INR/Coumadin		Licensed nurses will not be allow work until they have been re-educed Newly hired licensed nurses will educated on signs and symptoms bleeding, the immediate notification the physician with change of conditions.	be of on of	
ļ r	Medical record review Order from the transf	v of a Physician's Telephone erring facility dated time is Illegible) revealed		and care planning interventions for bleeding, accurate transcription, verification of medication doses, administration of medication according to the control of the	or !	

FORM CMS-2567(02-99) Previous Varsions Obsolete

Event ID: V3Y711

Facility ID: TN3308

If continuation sheet Page 28 of 60

verification of medication doses, administration of medication according

PRINTED: 10/26/2011 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	CLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		445296	B. WING		10/18/201	1
	ROVIDER OR SUPPLIER	rridge	15	EET ADDRESS, CITY, STATE, ZIP CODE 500 FINCHER AVENUE AST RIDGE, TN 37412		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO "HE APPI DEFIGIENCY)	OULD BE COMP	X5) PLETION ATE
	Medical record reviorate from the transeptember 6, 2011 "Resident will transeptember 7, 2011 all other physician of the electric from t	Coumadinrecheck PT/INR 211" lew of a Physician's Telephone asferring facility dated , (no time) revealed hisfer to (nursing home) on , per family requestContinue orders" lew of the Admission Orders actronic charting system by Nurse (LPN) #2, dated I, revealed "Coumadin 12.5 daily (a hand-written line was "12.5 mg po daily" and was "17.1NR open with results prior hPT/INR every three days xPT/INR every three days xPT/INR every Wednesday 1, 2011)" liew of the PT/INR/Coumadin d "September 8, 2011PT trent Dose (Coumadin) 12.5	F 333	to physician orders, and obtaining results as ordered in orientation. As of 10-13-11, this new Coumprocess involves the following: PT/INRs to be drawn in the most the licensed nurse assigned to the resident. The licensed nurse assigned to the resident records the results of PT/INR flow sheet and signs the sheet. The licensed nurse assign the resident records the results of MAR and initials that it is compassed to the resident records the results of MAR and initials that it is compassed for the sheet. The licensed nurse assign the resident records the results of MAR and initials that it is compassed for the following: A) Reall PT/INR results and write any orders for Coumadin meeting, we consists of the following: A) Reall PT/INR results and write any orders for Coumadin including scheduled PT/INR. If any Counorder is greater than 6mg, the Debe notified. B) Unit Managers we compare pink anticoagulation Mand PT/INR flow sheets with all Coumadin orders to ensure the transcribed accurately to both MPT/INR flow sheet. C) Orders of admitted residents receiving Coumadin Meeting. The Coumorders will be compared to the	adin rning by ne igned to on the e flow eed to on the oleted. distration uct a hich eview of y new the next hadin ON will vill MARs I current order is MAR and on newly bumadin for in the adin original	
		iew of the PT/INR/Coumadin d "September 11, 2011PT		hospital orders, and if any Cour order is greater than 6mg, the D be notified. All licensed nurses	ON will	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: V3YT11

Facility ID: TN3308

If continuation sheat Page 29 of 60

PRINTED: 10/26/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UMBER:			(X2) MU A. BUIL	ILTIPLE CONSTRUCTION DING	(X3) DATE S COMPLE	URVEY STED
		445296	B. WING	3	1	C 8/2011
NAME OF PROVIDER		T RIDGE		STREET ADDRESS, CITY, STATE, ZIF 1500 FINCHER AVENUE EAST RIDGE, YN 37412		
	CH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF ([EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(XS) COMPLETION DATE
Medica Order of revealed dose not medical Septem (great Range) Medical Order of revealed 116.5; hours at Medical Septem 116.5; Medical Septem " at 8: Medical Order of revealed 2011 Medical Revealed 2011 Medical Revealed 2011 Medical Revealed 2011 Medical Revealed 2011	NR 8.0Cur ose Change al record rev dated Septe ed "Vit (Vit owRechec al record rev nber 11, 20; alter than) 12; PT 10.2-13 alter od rev dated Septe ed "Vit K 1 INR 13.60 after Vit K d alter cord rev nber 11, 20; INR 13.6 alter od rev nber 11,	rent Dose (Coumadin) 12.5 :: Hold Coumadin" iew of a Physician's Telephone imber 11, 2011, at 2:00 p.m., amin) K 10 mg PO x 1 (one) ck PT/INR stat (immediately)" iew of a PT/INR obtained on 11, at 3:11 p.m., revealed "PT 10.0; INR >14.0 (Therapeutic 3.6; INR 2.0-3.5)" iew of a Physician's Telephone imber 11, 2011, at 5:00 p.m., 0 mg PO x 1 dose nowPT .Recheck PT/INR 3 (three)	F 3	educated 10-22-11 through the DON regarding this and the DON regarding this and notify the licensed in to the resident of any ord licensed nurse assigned is to notify the pharmacy Coumadin orders via faw Managers are as of 10/11 the proper Coumadin do medication cart before the medication administration. On weekends and holiday Weekend Supervisor with 10/13/11, collect the PT books to ensure that the completed as ordered. The Supervisor will call the results of any new PT/IN any new telephone order MARs will be checked the Coumadin dose and transcribed accurately. It supervisor will ensure the Coumadin dose is in the before the 5pm medication administration. The Weekends Coumadin meekends will be presekends and managers are as of 10/12 the promotion of 10/12 the promotion of 10/12 the promotion of 10/12 the presekends and managers are as of 10/12 the promotion of 10/12	Coumadin or will, as of the test to the floor curse assigned ders. The to the resident of of any new to the Unit 3/11 to ensure se is in the ne 5pm on. The Unit 3/11 to ensure se is in the ne 5pm on. The Unit 3/11 to ensure se is in the ne 5pm on. The Unit 3/11 to ensure se is in the ne 5pm on. The Spm on. The Unit 3/11 to ensure se is in the ne 5pm on. The Spm on. The Unit 3/11 to ensure se is in the ne 5pm on. The Unit 3/11 to ensure se is in the ne 5pm on. The Weekend NP with the NRs and write is needed The original	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: V3YT11

Facility ID: TN3308

If continuation sheet Page 30 of 60

PRINTED: 10/26/2011 FORM APPROVED OMB NO. 0938-0391

	CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO	. 0938-039
	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: 445286		(X2) MU A. BUIL	LTIPLE CONSTRUCTION DING	(X3) DATE S COMPL	ETED
			B. WING)	10/1	C 8/2011
AME OF PRO	OVIDER OR SUPPLIER	***************************************		STREET ADDRESS, CITY, STATE, ZIP		
LIFE CARE	E CENTER OF EAS	T RIDGE		1600 FINCHER AVENUE EAST RIDGE, TN 37412		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	COMPLETION DATE
E 333 (Continued From p	000 20	T 0	30	-	
r	Order dated Septe revealed "Start (ember 12, 2011, at 10:00 a.m., Coumadin 2 mg PO dailyStart 11Recheck PT/ INR	F 3			
	Review of a facility Director of Nursing investigative data 2011, and Medica 2011, revealed " Facts: Orders fro clearly written for was transcribed of dose than ordered Coumadin was given September 8, 2 transferring facility PT/INR to be out of range NP Coumadin held Four was in range NP coursing will clarify Doctor)/NP and no revealed an attact September 12, 20 two LPN signature Signature Sheet. Associate (Employ 2011, revealed 68	y investigation, to include g (DON) and Administrator review, dated September 14, I Director dated October 1, Summary of Investigative m the transferring facility not Coumadin orders. Coumadin in physician's orders as a higher I from the transferring facility. Yen after PT/INR was checked 2011 as ordered from which caused resident's of range. Vitamin K ordered on 11, after PT/INR was ordered (vital signs stable) PT/INR notified Vitamin K order PT/INR ordered correct dose to be indations/Actions Taken: For Coumadin dose is over 10 mg, order with MD (Medical ptify DON" Continued review need Record of In-Service dated 11. Continued review revealed as were on the In-Service Review of the facility's Current yees) List dated October 18, licensed nurses employed by		Residents receiving Cou were reviewed by the DC nurse managers on 10-12 monitoring, the Coumad the MAR for accuracy. On 10-26-11 residents of were assessed for advers as signs and symptoms of and/or bruising by LPN' Unit Managers. Resident Coumadin therapy are reby Nursing Administrati Nursing, Assistant Direct Weekend Supervisor and Managers) to ensure acc Coumadin administration reviewed daily by Nursin Administration (Director Assistant Director of Nu Supervisor and Unit Managers) to ensure accuracy in transition (Director Assistant Director of Nu Supervisor and Unit Managers) to ensure accuracy in transition (Director Assistant Director of Nu Supervisor and Unit Managers) accuracy in transition of the Director of Nu Supervisor and Unit Managers accuracy in transition of the Director of Nu Supervisor and Unit Managers accuracy in transition of the Director of Nu Supervisor and Unit Managers accuracy in transition of the Director of Nu Supervisor and Unit Managers accuracy in transition of the Director of Nu Supervisor and Unit Managers accuracy in transition of the Director of Nu Supervisor and Unit Managers accuracy in transition of the Director of Nu Supervisor and Unit Managers accuracy in transition of the Director of Nu Supervisor and Unit Managers accuracy in transition of the Director of Nu Supervisor and Unit Managers accuracy in transition of the Director of Nu Supervisor and Unit Managers accuracy in transition of the Director of Nu Supervisor and Unit Managers accuracy in transition of the Director of Nu Supervisor and Unit Managers accuracy in transition of the Director of Nu Supervisor and Unit Managers accuracy in transition of the Director of Nu Supervisor and Unit Managers accuracy in transition of the Director of Nu Supervisor and Unit Managers accuracy in transition of the Director of Nu Supervisor and Unit Managers accuracy in transition of the Director of Nu Supervisor and Unit Managers accuracy in transition of the Director of Nu Supervisor and Unit Managers accuracy accuracy in transiti	ON, NP and 3-11for PT/INR in order, and an Coumadin the effects such of bleeding to s, RN's and that on twiewed daily on (Director of tor of Nursing, I Unit turacy of the MAR is the the man of Nursing, resing, Weekend the magers) to the material of the material tented	
	PT/INR to be out of September 11, 20 on that date. VSS out of rangeNP Coumadin heldF was in range NP of givenRecomme future review if a C Nursing will clarify Doctor)/NP and no revealed an attact September 12, 20 two LPN signature Sheet. Associate (Employ 2011, revealed 68 the facility.	of range. Vitamin K ordered on 11, after PT/INR was ordered (vital signs stable) PT/INR notifiedVitamin K order PT/INR orderedOnce PT/INR ordered correct dose to be indations/Actions Taken: For Coumadin dose is over 10 mg, order with MD (Medical order with MD (Medical order with MD in-Service dated 11. Continued review revealed is were on the In-Service Review of the facility's Current yees) List dated October 18,		Nursing, Assistant Direct Weekend Supervisor and Managers) to ensure acc Coumadin administration reviewed daily by Nursin Administration (Director Assistant Director of Nu Supervisor and Unit Manensure Coumadin had be day and had been docum appropriately. New phy are reviewed daily by No Administration (Director Assistant Director of Nu	tor of Nursing, I Unit uracy of n. The MAR is ng of Nursing, resing, Weekend nagers) to een given that eented resician orders arsing of Nursing, resing, Weekend nagers) to cription on the sent from ed daily by unit	The state of the s

FORM CMS-2567(02-99) Provious Versions Obsolete

Event ID: V3YT11

Facility ID: TN3308

If continuation sheet Page 31 of 60

PRINTED: 10/26/2011 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES. OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 445296 10/18/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE LIFE CARE CENTER OF EAST RIDGE EAST RIDGE, TN 37412 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE ID PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY F 333 Continued From page 31 F 333 Note that the most recent policy update changed Newly admitted residents receiving the strength to 7.5 mg on beginning patients for Coumadin will have Coumadin orders clarification rather than 6 mg..." Continued review revealed a policy titled "High Dose Alert Drugs verified for accuracy from transferring facility prior to admission by admission and Drugs that Require Registration" dated nurses. The Coumadin orders will be September 4, 2008, and revealed "...1. compared to the original transferring Medications prescribed at high doses or records. If the Coumadin dose is higher inappropriate doses based on the patient's or equal to 6 milligrams, the DON will medical condition may require documented be notified for further investigation by pharmacist intervention or acknowledgement verifying with the physician orders or prior to dispensing. (Pharmacy) has identified contacting the admitting physician. (See several commonly prescribed medications at high Coumadin meeting process for current doses that can result in adverse patient outcomes residents) The admission (particularly in the elderly) that warrant special consideration. These drugs include the nurses/licensed nurses will verify Coumadin orders with the admitting following:...e) Warfarin (Coumadin) prescribed at a total daily dose greater than 7.5 mg physician on day of admission. milligrams...2. For new orders pharmacist Licensed nurses were educated on this intervention is advised and prescriber verification process by the SDC and DON from 10documented if a patient is naïve or "new" to the 22-11 through 10-26-11. drug (never taken before) or if there is a significant increase in the dose from the previous regimen..." Interview by telephone on October 10, 2011, at 3:15 p.m., when the surveyor informed the Director of Pharmacy of the transcription error of Coumadin 12.5 mg, the Director of Pharmacy exclaimed, "Woo, that's a lot of Coumadin!" Continued interview confirmed the pharmacy sent Cournadin 10 mg and 2.5 mg to the facility. Continued interview confirmed if an order for Coumadin is over 6 mg on initial dose, it is the pharmacy's policy to call the facility, have the Nurse call the Physician and get a clarification order. The surveyor asked if the pharmacy

FORM CMS-2567(02-99) Previous Versions Obsolete

notified the facility to clarify the Coumadin 12.5 mg and the Director of Pharmacy stated, "yes.

Event ID: VSYT11

Facility ID: TN3308

If continuation sheet Page 32 of 60

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
	445296		B. WIN			0.0000000000000000000000000000000000000	C 8/2011
	ROVIDER OR SUPPLIER	r RIDGE	1	1	REET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE EAST RIDGE, TN 37412	.	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	they would have to admissionlet me don't see where it winterview confirmed the facility for clarifi admission order for resident. Interview with LPN 11:40 a.m., in the Cothe transferring facility coumadin 2.5 mg of incorrectly transcrib charting system as LPN #2 stated, "I the mg." Continued interviewed the transfer physician orders to check and recheck confirmed "When Cothe are being rechecked too high from the Cothe petting too much Cothe pt T/INRs rechect resident did not aler interview confirmed 12.5 mg dosage of transferring facility admission. Interview with the R (Medical Director) op.m., by telephone, as 8:40 a.m., in the Cothe Physician did re Orders on Septemb	at that dosage on a new get in the system and seeI was done" Continued I the Pharmacy failed to notify cation upon receiving the Coumadin 12.5 mg for the #2 on October 11, 2011, at conference Room, confirmed lity's hand-written order for laily, was misread and led into the facility's electronic Coumadin 12.5 mg daily, ought the orders said 12.5 erview confirmed LPN #2 erring facility's previous hold the Coumadin and to PT/INRs. Continued interview four downward in the resident is bounded in the resident is bounded in the Coumadin being held and led on a newly admitted the Coumadin with the and/or the physician upon esident's Attending Physician in October 11, 2011, at 1:30 and on October 18, 2011, at inference Room, confirmed view and sign the Admission er 9, 2011, and stated, "I	F	3333	1		
	Signed the orders ba	ased on the understanding the			Nitt ID: TN2209		

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED OMB NO. 0938-0391

STATEMEN	T OF DEFICIENCIES	ICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			OMB NO. 0938-039	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445296	B. WING			
NAME OF E	ME OF PROVIDER OR SUPPLIED				18/2011	
LIFE CA	RE CENTER OF EAS	# 0 GM # 1	15	EET ADDRESS, CITY, STATE, ZIP COD 00 FINCHER AVENUE AST RIDGE, TN 37412	E	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOUD BE	COMPLETION DATE
t to n	Coumadin 12.5 mg was receiving in the on the understandin errors." Continued Physician was unay notify the facility for naïve or "new" to C significant increase regimen. Interview with LPN: 3:00 p.m., in the Co LPN #3 notified the (obtained in-house) to giving Coumadin. confirmed LPN #3 a reviewed the Admis stated "I reviewed the #1 read the (transfe RN #1 read the (transfe RN #1 read the 12.5 mg or RN #1 read the 12.5 Coumadin, but didn'to be the one giving validated why (reside at this point, I wasn't this point, I wasn't the coumadin 2.5 mg or RN #1 and LPN #3 reviewed the (transferring facil the Coumadin 2.5 mg aligned and LPN #3 corning daily was on our neterview confirmed F	daily was what the resident e transferring facility and based ing there was no transcription interview confirmed the ware of a Pharmacy policy to verification if a patient is oumadin or if there is a in the dose from the previous #3 on October 11, 2011, at inference Room, confirmed NP of the PT/INR results on September 8, 2011, prior Continued interview and Registered Nurse (RN) #1 sion Orders for accuracy, and the Admission Orders as RN rring facility's) orders aloud; madin 2.5 mg daily as daily." LPN #3 stated "When it mg, I thought, that's a lot of t say anything. If I was going the 12.5 mg, I would have eart) was to get 12.5 mg, but	F 333			

STATEMEN	RS FOR MEDICAR	RE & MEDICAID SERVICES			FORM	M APPROVE
AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTH A. BUILDING	PLE CONSTRUCTION	(X3) DATE	
		445296	B. WING			С
NAME OF	PROVIDER OR SUPPLIER		STR	EET ADDDESS SITUATION	10/	18/2011
LIFE CA	RE CENTER OF EAS		15	EET ADDRESS, CITY, STATE, ZIP CO 00 FINCHER AVENUE AST RIDGE, TN 37412	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD DE	(X5) COMPLETION DATE
F 333	facility and/or the p Interview with RN # 3:50 p.m., in the Co RN #2 administered September 9, 2011 confirmed RN #2 "a correct," and failed of Coumadin with the the physician upon	thysician upon admission. 2 on October 11, 2011, at conference Room, confirmed d 12.5 mg of Coumadin on . Continued interview assumed the MAR was to verify the 12.5 mg dosage the transferring facility and/or admission.	F 333			
	4.00 p.m., in the Co LPN #4 administere September 8 and 10 confirmed LPN #4 fa dosage of Coumadii and/or the physician					
F cophh 2 wooth A	No p.m, in the Con NP was not notified of P/INR (19.2/1.6); we do sage of Coumadin or ior to admission of held due to elevated 1011. The NP stated was notified of an ele in that date to check hat date I saw the 12	P on October 12, 2011, at ference Room, confirmed the of the September 8, 2011, as not aware of the 12.5 mg or the resident's history just the Coumadin 2.5 mg being PT/INRs until September 11, if, "On September 11, 2011, I evated INR of 8.0. I came in the resident and it was on 2.5 mg dosage on the d drew a line through it to was given."				
th	e facility failed to ve oumadin with the tra	N on October 17, 2011, at serence Room, confirmed rify the 12.5 mg dosage of insferring facility and/or the sion. Continued interview				
MS-2567/0	2.00\ Braulau - 14					

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445296	B. WIN	1G_		C 10/18/2011	
	PROVIDER OR SUPPLIER	RIDGE	ē .	1	REET ADDRESS, CITY, STATE, ZIP CODE 500 FINCHER AVENUE EAST RIDGE, TN 37412	10,71	0,2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 333	confirmed the DON policy to notify the final patient is naïve or "is a significant increprevious regimen. Resident #9 was or on March 4, 2009, a 2010, with diagnose Failure, Transient Is Hypertension, Coro Rhabdomyolysis, and Medical record revieorder dated July 21 "Continue Couma PT/INR July 23, 200 Medical record revieorder dated July 23 "D/C (discontinued dailyCoumadin 4, PT/INR July 25, 200 the July 2011, MAR was administered on Continued review rewas not discontinued not started until July Medical record revieor Flowsheet and a Phydated July 25, 2011 42.9; INR 3.6, reches	was unaware of a Pharmacy acility for verification if a new" to Coumadin or if there ease in the dose from the iginally admitted to the facility and readmitted on January 23, as including Acute Renal schemic Attacks, nary Artery Disease, and Alzheimer's Disease. ew of a Physician's Telephone , 2011, at 1:00 p.m., revealed din 5 mg po dailyRecheck	F	3333			

OLITIL	TO TOT WILDIOAKE	& WILDICAID SERVICES				OMB MO	. 0938-0391
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIP LDING	PLE CONSTRUCTION	(X3) DATE S COMPLE	ETED
		445296	B. Wil	1G		1	C 8/2011
NAME OF F	PROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
LIFE CA	RE CENTER OF EAST	RIDGE		15	00 FINCHER AVENUE AST RIDGE, TN 37412		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 333	review of a Physicia PT/INR/Coumadin I 11:30 a.m.) and Jul remained elevated a held.	n's Telephone Order and the Flowsheet dated July 27 (at y 29, 2011, revealed PT/INRs and the Coumadin 4.5 mg was	F	333			
	Flowsheet dated Ju 27.0; INR 2.3" Me Physician's Telepho at 2:00 p.m., reveale	ew of the PT/INR/Coumadin ly 29, 2011, revealed "PT edical record review of one Order dated July 30, 2011, ed "D/C Coumadin 4.5 in 4 mg dailyRecheck					
	Flowsheet and a Ph dated July 31, 2011 21.7; INR 1.8, reche and continue Coum- review of the Augus	ew of the PT/INR/Coumadin ysician's Telephone Order , at 10:00 a.m., revealed PT eck PT/INR August 2, 2011, adin 4 mg. Medical record t 2011 MARs revealed the s not given on August 1 and					
	Flowsheet and a Ph dated August 2, 201 16.4; INR 1.4, D/C C Coumadin 4.5 mg preview of the PT/INF	ew of the PT/INR/Coumadin ysician's Telephone Order 1, at 7:00 p.m., revealed PT Coumadin 4 mg, and start to daily. Medical record R/Coumadin Flowsheet 5, 2011PT 16.0; INR 1.3"					
	Order dated August revealed "Change PO dailyRecheck I Medical record revierevealed the Couma	w of a Physician's Telephone 6, 2011, at 12:30 p.m., Coumadin 4.5 mg to 5 mg PT/INR August 8, 2011" w of the August 2011 MARs din 4.5 mg was discontinued Continued review revealed					

DEPARTI	MENT OF HEALTH	I AND HUMAN SERVICES & MEDICAID SERVICES			FORM OMB NO.	10/26/2011 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION	(X3) DATE SU COMPLE	
\$\displays \text{\ti}\text{\tex{\tex		445296	B. WING	1112	10/1	8/2011
	ROVIDER OR SUPPLIER	T RIDGE	150	ET ADDRESS, CITY, STATE, ZIP CODE 00 FINCHER AVENUE UST RIDGE, TN 37412		3
		ATEMENT OF DEFICIENCIES	10 1	PROVIDER'S PLAN OF CORRE	CTION	(X6) COMPLETION
(X4) ID PREFIX TAG	LEACH DESIGNERIC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	PROPRIATE	DATE
- 1			F 333			1
F 425	August 6 and 7, 20 physician, until August 6 and 7, 20 physician, until August 6 and 7, 2011, at 2:45 confirmed the fact resident's Couma on July 23, 2011; Refer to F-157 (J) C/O #28690 483.60(a),(b) PH/ACCURATE PROTECTION ACCURATE PROTECTION	ig was not administered on 011, as ordered by the gust 8, 2011. Director of Nursing on October p.m., in the Conference Room, lity failed to administer the din as ordered by the Physician August 1, 2, 6, 7, 2011. I, F-281 (D); F-309 (J)	F 425	F 425 SPECIFIC RESIDENTS Resident #4's medical record reviewed by the pharmacist of 11. There were no further irre Operational Pharmacists from	n 10-26- egularities n both	10/26/11
	law permits, but of supervision of a land A facility must produced acquiring, receive administering of the needs of each the facility must a licensed pharm	only under the general idensed nurse. Divide pharmaceutical services ures that assure the accurateing, dispensing, and all drugs and biologicals) to meet in resident. Employ or obtain the services of accist who provides consultation the provision of pharmacy		Tennessee pharmacies were re on their policy regarding high medications by the general mand/or pharmacist in charge of 11 and 12, 2011. This policy 1) Medications prescribed at based on the patient's medical condition may require docum pharmacist intervention or acknowledgement prior to dial Pharmacy has identified sever commonly prescribed medical high doses that can result in patient outcomes (particularly elderly) that warrant special consideration. These drugs it	e-educated a alert anager on October states that high doses all mented spensing. eral ations at adverse by in the	ot Porce 38 ni

FORM CMS-2567(02-99) Previous Versions Obsolete

PRINTED: 10/26/2011

FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445296 10/18/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE LIFE CARE CENTER OF EAST RIDGE EAST RIDGE, TN 37412 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE in (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 425 | Continued From page 38 F 425 following....e) Warfarin prescribed at a This REQUIREMENT is not met as evidenced total daily dose greater than 7.5 mg (milligrams). Pharmacists will clarify Based on medical record review, review of facility 1 Warfarin orders that exceed a total daily records, review of pharmacy reports, review of pharmacy policy, and interview, the facility failed dose of 7.5 mg with the to ensure the dispensing Pharmacists followed facility/prescriber when not provided Pharmacy policy and acted upon receiving an with sufficient clinical information. The admission order for a high dose of Coumadin for pharmacy will contact the facility first, a newly admitted resident (#4) resulting in three then, if unable to reach the facility, if consecutive significant medication errors; and further clarification is needed or the failed to ensure a process was in place to identify facility requests, the provider will be and report significant medication errors for one contacted. resident (#9) receiving Coumadin of twenty-one When high dose Warfarin orders are residents reviewed. The Pharmacy's failure to clarified, Pharmacists will document follow policy caused the emergency their interventions and outcomes in the administration of Vitamin K (used to reverse the pharmacy dispensing system as anticoagulant effects of Coumadin) for resident appropriate, including the name of the #4; and failure to Identify and report significant facility staff contacted, date and time. medication errors with Coumadin as ordered by The Consultant Pharmacist was rethe physician for one resident (#9) of twenty-one residents reviewed placed resident's #4 and #9 in educated on the Warfarin Best Practice Immediate Jeopardy (situation in which a by the Consultant Coordinator on provider's noncompliance with one or more October 25 and 26, 2011. This requirements of participation has caused, or is education included: It is expected that likely to cause serious injury, harm, impairment or Consultant pharmacists play an death). important role in Warfarin safety by: 1) determining that the facility has a A meeting was held on October 18, 2011, at system in place for the safe and 11:45 a.m., in the Conference Room, with the effective administration, management Administrator, Director of Nursing, and Regional and monitoring of Warfarin, 2) Director of Clinical Services to inform the facility verifying that the facility is receiving of the Immediate Jeopardy. The Immediate appropriate Warfarin drug interaction Jeopardy was effective August 13, 2011, and is notification from the pharmacy, 3) ongoing. anticipating and intervening to avert potential Warfarin drug interactions The findings included: with follow-up documentation and 4) Resident #4 was admitted to the facility on

FORM CMS-2567(02-99) Pravious Versions Obsolete

Event IO: V3YT11

Facility ID: TN3308

If continuation sheet Page 39 of 60

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				PRINTEL	0: 10/26/2011
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FORM	APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N	JULT	IPLE CONSTRUCTION	(X3) DATE S	
			A. BU	ILDIN	IG	COMPL	ETED
		445296	B. WI	NG _	į.		C
NAME OF F	PROVIDER OR SUPPLIER			1		10/	18/2011
l	RE CENTER OF EAS	TRIDGE		1	REET ADDRESS, CITY, STATE, ZIP CODE 500 FINCHER AVENUE EAST RIDGE, TN 37412		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES					
PREFIX TAG	(EACH DEFICIENCY	YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	LILDRE	COMPLETION DATE
F 425	Continued From pa	ge 39	E	425			
		, with diagnoses including Hip		724	providing quality assurance repo	rting	
	Joint Replacement.	Severe Degenerative Joint sient Ischemic Attacks (a brief			and follow-up to the facility.	5	
	interruption of the b	lood supply to part of the brain		ĺ	Resident #9's medical record wa	ie	
	and may be a warn	ing sign for a full-scale stroke).			reviewed by the pharmacist on 1		1.
	E				11. There were no further irregu	larities.	
	Medical record revie	ew of the Physician		1			!
	dated Sentember 4	ers from the transferring facility, 2011 through September 30,		1	,		
	2011, revealed " C	cournadin 2.5 mg (milligrams)			OTHER RESIDENTS		
į	po (by mouth) daily	(hand-written)"		ĺ	Residents on Coumadin have the	,	
1	Medical record revis	ew of a Nurse's Note from the		- 1	potential to be affected. The pha	rmacy	i
- [transferring facility of	lated September 4, 2011, at			will identify all residents using	15	
į	11:17 p.m., revealed	"admitted from (hospital)			Warfarin during medication regi		
į	with total left hip rep	lacement from			review and will communicate all		
ĺ	degenerationresid	ent on Coumadin 2.5			identified irregularities in writing	g and	
	Mormalization Batis	R (Protime/International		-	verbally to NF Director of Nursi	ng and ,	
	therapeutic levels for	test used to determine r blood thinning medications)			Administrator for action and pos	sible	
1	to be checked in a.n	"			execution at time of review. If there are irregularities found b		
				i	Consultant Pharmacist, the facili		
	Medical record revie	w of a Nurse's Note from the			educate, review and revise proce	y will	
	transferring facility d	ated September 5, 2011, at			needed. Other options may include		
	12:34 a.m., revealed	I "PT/INR 46.6/3.9"	- 12		notification of MD and investiga	tions	
	Medical regard ravia	w of a Physician's Telephone		-	and/or corrective actions as warra	anted.	
	Order from the trans	ferring facility dated			ii	10 00000000000000000000000000000000000	
1:	September 5, 2011.	at 11:00 a.m., revealed			Residents receiving Coumadin th		1
į,	"Continue to hold (Coumadin todayrecheck			were reviewed by the DON, NP a		
	PT/INR September 6	5, 2011"			Nursing Administration (ADON,	Unit	
1.					Managers, Weekend Supervisor)		
	viedical record review	w of the PT/INR/Coumadin			13-11 for PT/INR monitoring, the		
1	Sentember 6 501	ransferring facility revealed			Coumadin order, and the Medical		
1	September 6, 201	1F1 46.8; INK		1	Administration Review (MAR) for	or	1
1.0	Change: Hold"	Coumadin) 2.5 mgDose			accuracy.	1	
1,	znange, Hold	and the second s			On 10-26-11 residents on Couma	din	
1					were assessed for monitoring for		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: V3YT11

Facility ID: TN3308

If continuation sheet Page 40 of 60

PRINTED: 10/26/2011

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES					: 10/26/2011 APPROVED
		& MEDICAID SERVICES					. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		E CONSTRUCTION	(X3) DATE S COMPL	
		445296	B. WING	Ģ	1	10/-	C 18/2011
NAME OF P	ROVIDER OR SUPPLIER			STREE	ET ADDRESS, CITY, STATE, ZIP CODE	.1	WIE O I I
LIFE CAI	RE CENTER OF EAS	TRIDGE		150	0 FINCHER AVENUE ST RIDGE, TN 37412		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATÉMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE
	Order from the tran September 6, 2011 "Continue to hold on September 8, 2011 Medical record revious from the tran September 6, 2011 "Resident will tran September 7, 2011 all other physician of Medical record revientered into the ele Licensed Practical September 7, 2011 mg po daily (a hand through the "12.5 minitialed)PT/INR on through the "12.5 minitialed)PT/INR two weeksPT/INR September 21, 2011 Medical record reviented from the septemb	lew of a Physician's Telephone asferring facility dated (a), (time is illegible) revealed (b), (a) and (b) and (b) and (b) and (b) and (b) and (c) and (F 43	25	adverse effects such as signs an symptoms of bleeding and/or by The pharmacist reviewed medic records of residents on Coumacitherapy for accuracy on 10-26-16 further irregularities were found. The ED and the DON met with Consultant Pharmacist on 10-26 Every resident on Coumadin wireviewed monthly which will in the PT/INR Flow Sheets, reside charts, MAR, nurses' notes, and Vitamin K usage. All findings recommendations are document the Pharmacy Report and Recommendation sheets and give port to the ED and DON. The will educate, review and revise processes as needed. Other optimiclude notification of MD and investigations and/or corrective as warranted ED reviewed the pharmacy conthe pharmacy regulation F425 w Consultant Pharmacist on 10-26	ruising. cal lin l1. No l. the 5-11. ill be aclude ents' l and ted on ve the facility ons may actions tract and with the	
1							9 9

8626945739

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100	IULTIPI	LE CONSTRUCTION	(X3) DATE S COMPL	
		445296	B. WII	۷G		8	C 18/2011
	PROVIDER OR SUPPLIER	RIDGE		150	EET ADDRESS, CITY, STATE, ZIP CODE 00 FINCHER AVENUE AST RIDGE, TN 37412		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	Flowsheet revealed 96.0; INR 8.0Curr mgDose Change: Medical record revie Order dated Septem revealed "Vit (vita dose nowRechect Medical record revie September 11, 2011 > (greater than) 120 Range: PT 10.2-13. Medical record revie Order dated Septem revealed "Vit K 10 116.5; INR 13.60F hours after Vit K dos Medical record revie September 11, 2011 116.5; INR 13.6 Medical record revie September 11, 2011 116.5; INR 13.6 Medical record revie September 11, 2011 116.5; INR 13.6 Medical record revie September 11, 2011 116.5; INR 13.6 Medical record revie September 11, 2011 116.5; INR 13.6 Medical record revie September 11, 2011 116.5; INR 13.6 Medical record revie September 11, 2011 116.5; INR 13.6	ew of the PT/INR/Coumadin "September 11, 2011PT ent Dose (Coumadin) 12.5 Hold Coumadin" ew of a Physician's Telephone nber 11, 2011, at 2:00 p.m., min) K 10 mg PO x 1 (one) k PT/INR stat (immediately)" ew of a PT/INR obtained on 1, at 3:11 p.m., revealed "PT 1.0; INR >14.0 (Therapeutic 6; INR 2.0-3.5)" ew of a Physician's Telephone nber 11, 2011, at 5:00 p.m., mg PO x 1 dose nowPT Recheck PT/INR 3 (three) se" ew of a PT/INR obtained on 1, at 4:23 p.m., revealed "PT ew of a Nurse's Note dated 1, at 10:24 p.m., revealed 18.1; INR 4.0" ew of a Physician's Telephone nber 11, 2011, at 9:00 p.m., umadin September 12, ember 12, 2011" w of the PT/INR/Coumadin "September 12, 2011PT ent Dose (Coumadin) On	F	425			

PRINTED: 10/26/2011 FORM APPROVED

STATEMEN	T OF DEFICIENCIES	AND SPOND OF THE STATE OF THE S				OMB NO	0. 0938-0391
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		FIPLE CONSTRUCTION NG	(X3) DATE	
		445296	B. WI	۷G _		100	C
	PROVIDER OR SUPPLIER RE CENTER OF EAST	RIDGE		1	REET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE EAST RIDGE, TN 37412	10/	18/2011
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	IX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OUI D BE	(X5) COMPLETION DATE
	HoldDose Change Medical record revie Order dated Septem revealed "Start Co September 13, 2011 September 13, 2011 Review of a facility in (Director of Nursing) investigative data rev 2011, and Medical D 2011, revealed "St. Facts: Orders from clearly written for Co was transcribed on p dose than ordered from Coumadin was given on September 8, 201 transferring facility wi PT/INR to be out of ra September 11, 2011, on that date. VSS (vit out of rangeNP notic Coumadin heldPT/I was in range NP orde givenRecommenda future review if a Cou Nursing will clarify ord Doctor)/NP (Nurse Pr Continued review reven-Service dated Septe review revealed two L n-Service Signature S acility's Current Asso	ex Hold Coumadin" Ew of a Physician's Telephone of the 12, 2011, at 10:00 a.m., umadin 2 mg PO dailyStartRecheck PT/ INR" Investigation, to include DON and Administrator view, dated September 14, irrector dated October 1, ummary of Investigative the transferring facility not umadin orders. Coumadin hysician's orders as a higher om the transferring facility. after PT/INR was checked 1 as ordered from nich caused resident's lange. Vitamin K ordered on after PT/INR was ordered al signs stable) PT/INR fiedVitamin K order NR ordered Once PT/INR ered correct dose to be tions/Actions Taken: For madin dose is over 10 mg, ler with MD (Medical actioner) and notify DON" Ealed an attached Record of ember 12, 2011. Continued PN signatures were on the Sheet. Review of the ciate (Employees) List 11, revealed 68 licensed	F 4	125			

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		(X3) DATE	M APPRO O. 0938-(SURVEY LETED
NAME OF	PROVIDER OR SUPPLIER	445296	B. WING			C
			ST	REET ADDRESS, CITY, STATE, ZIP (18/2011
	ARE CENTER OF EAST		1	1500 FINCHER AVENUE EAST RIDGE, TN 37412	CODE	
(X4) ID PREFIX TAG		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	(X5) COMPLET DATE
find district control of the control	Review of a fax receives the surveyor's requeives 3:54 p.m., revealed Note that the most not the strength to 7.5 m clarification rather the revealed a policy title and Drugs that Requested and Drugs that Requested and Drugs that Requested the second to reserve the	erived from the pharmacy at est on October 10, 2011, at "Cover PageComments: eccent policy update changed and on beginning patients for an 6 mg" Continued reviewed "High Dose Alert Drugs ire Registration" dated and revealed "1. ed at high doses or pased on the patient's by require documented on or acknowledgement Pharmacy) has identified escribed medications at high in adverse patient outcomes erly) that warrant special drugs include the on (Coumadin) prescribed at the transcriber verification and prescriber verification and prescriber verification is naïve or "new" to the ore) or if there is a the dose from the previous on October 10, 2011, at reveyor informed the first transcription error of a Director of Pharmacy a lot of Coumadin!" infirmed the pharmacy sent to make the facility.	F 425	DEFICIENCY		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	12.00	ULTIPLE C	CONSTRUCTION	(X3) DATE S COMPLE	ETED
		445296	B. WI	IG		11 (121)	C 8/2011
	PROVIDER OR SUPPLIER	RIDGE		1500 F	ADDRESS, CITY, STATE, ZIP CODE INCHER AVENUE RIDGE, TN 37412		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 425	order. The surveyor notified the facility to mg and the Director they would have to admissionlet me go don't see where it winterview confirmed the facility for clarificadmission order for resident. Interview with LPN: 11:40 a.m., in the Content the transferring facility charting system as LPN #2 stated, "I the mg." Continued interviewed the transfer physician orders to check and recheck confirmed "When Content are being rechecked too high from the Content are being rechecked too high from the Content and the PT/INRs rechected the PT/INRs re	r asked if the pharmacy of clarify the Coumadin 12.5 of Pharmacy stated, "yes, at that dosage on a new get in the system and see! ras done" Continued the Pharmacy failed to notify cation upon receiving the Coumadin 12.5 mg for the "#2 on October 11, 2011, at onference Room, confirmed lity's hand-written order for aily, was misread and ed into the facility's electronic Coumadin 12.5 mg daily, ought the orders said 12.5 rview confirmed LPN #2 erring facility's previous hold the Coumadin and to PT/INRs. Continued interview oumadin is held and PT/INRs d, it is because the INRs are burnadin, the resident is burnadin." Continued the Coumadin being held and ked on a newly admitted t or alarm LPN #2. Further LPN #2 failed to verify the	F	125			

PRINTED: 10/26/2011 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING 445296 10/18/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE LIFE CARE CENTER OF EAST RIDGE EAST RIDGE, TN 37412 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 425 | Continued From page 45 F 425 the Physician did review and sign the Admission Orders on September 9, 2011, and stated, "I signed the orders based on the understanding the Coumadin 12.5 mg daily was what the resident was receiving in the transferring facility and based on the understanding there was no transcription errors." Continued interview confirmed the Physician was unaware of a Pharmacy policy to notify the facility for verification if a patient is naïve or "new" to Coumadin or if there is a significant increase in the dose from the previous regimen. Interview with LPN #3 on October 11, 2011, at 3:00 p.m., in the Conference Room, confirmed LPN #3 notified the NP of the PT/INR results (obtained in-house) on September 8, 2011, prior to giving Coumadin. Continued interview confirmed LPN #3 and Registered Nurse (RN) #1 reviewed the Admission Orders for accuracy, and stated "I reviewed the Admission Orders as RN #1 read the (transferring facility's) orders aloud; RN #1 read the Coumadin 2.5 mg daily as Coumadin 12.5 mg daily." LPN #3 stated "When RN #1 read the 12.5 mg, I thought, that's a lot of Coumadin, but didn't say anything. If I was going to be the one giving the 12.5 mg, I would have validated why (resident) was to get 12.5 mg, but at this point, I wasn't giving it." Interview with RN #1 on October 11, 2011, at 3:25 p.m., in the Conference Room, confirmed RN #1 and LPN #3 reviewed the Admission Orders for transcription accuracy, and stated "LPN #3 reviewed the Admission Orders as I read the (transferring facility's) orders aloud. I did read

the Coumadin 2.5 mg daily as Coumadin 12.5 mg daily and LPN #3 confirmed the Coumadin 12.5

PRINTED: 10/26/2011 FORM APPROVED

		THE TOTAL MEDICAL TO	WILDIOAID OLIVIOLS				OMB NO	. 0938-0391
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF EAST RIDGE (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 425 Continued From page 46 mg daily was on our Admission Orders." Further interview confirmed RN #1 failed to verify the 12.5 mg dosage of Coumadin with the transferring facility and/or the physician upon admission. Interview with RN #2 on October 11, 2011, at 3:50 p.m., in the Conference Room, confirmed RN #2 administered 12.5 mg dosage of Coumadin with the transferring facility and/or the physician upon admission. Interview with LPN #4 on October 11, 2011, at 4:00 p.m., in the Conference Room, confirmed LPN #4 administered 12.5 mg of Coumadin on LPN #4 administered 12.5 mg of Coumadin on September 9, 2011. Cotober 11, 2011, at 4:00 p.m., in the Conference Room, confirmed LPN #4 administered 12.5 mg of Coumadin on September 9, 2011. Cotober 11, 2011, at 4:00 p.m., in the Conference Room, confirmed LPN #4 administered 12.5 mg of Coumadin on September 9, 2012. The physician upon admission.				low seriou			COMPL	ETED
LIFE CARE CENTER OF EAST RIDGE (X4) ID PREFIX TAG (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 425 Continued From page 46 mg daily was on our Admission Orders." Further interview confirmed RN #1 failed to verify the 12.5 mg dosage of Coumadin with the transferring facility and/or the physician upon admission. Interview with RN #2 on October 11, 2011, at 3:50 p.m., in the Conference Room, confirmed RN #2 "assumed the MAR was correct," and failed to verify the 12.5 mg dosage of Coumadin with the transferring facility and/or the physician upon admission. Interview with RN #2 "assumed the MAR was correct," and failed to verify the 12.5 mg dosage of Coumadin with the transferring facility and/or the physician upon admission. Interview with LPN #4 on October 11, 2011, at 4:00 p.m., in the Conference Room, confirmed LPN #4 administered 12.5 mg of Coumadin on Confirmed LPN #4 administered 12.5 mg of Coumadin on Confirmed LPN #4 administered 12.5 mg of Coumadin on Confirmed LPN #4 administered 12.5 mg of Coumadin on Coumadin on Confirmed LPN #4 administered 12.5 mg of Coumadin on C			445296	B. WI	NG	West		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 425 Continued From page 46 mg daily was on our Admission Orders." Further interview confirmed RN #1 failed to verify the 12.5 mg dosage of Coumadin with the transferring facility and/or the physician upon admission. Interview with RN #2 on October 11, 2011, at 3:50 p.m., in the Conference Room, confirmed RN #2 administered 12.5 mg of Coumadin on September 9, 2011. Continued interview confirmed RN #2 "assumed the MAR was correct," and failed to verify the 12.5 mg dosage of Coumadin with the transferring facility and/or the physician upon admission. Interview with LPN #4 on October 11, 2011, at 4:00 p.m., in the Conference Room, confirmed LPN #4 administered 12.5 mg of Coumadin on		RE CENTER OF EAST			1	500 FINCHER AVENUE	10/1	0/2011
mg daily was on our Admission Orders." Further interview confirmed RN #1 failed to verify the 12.5 mg dosage of Coumadin with the transferring facility and/or the physician upon admission. Interview with RN #2 on October 11, 2011, at 3:50 p.m., in the Conference Room, confirmed RN #2 administered 12.5 mg of Coumadin on September 9, 2011. Continued interview confirmed RN #2 "assumed the MAR was correct," and failed to verify the 12.5 mg dosage of Coumadin with the transferring facility and/or the physician upon admission. Interview with LPN #4 on October 11, 2011, at 4:00 p.m., in the Conference Room, confirmed LPN #4 administered 12.5 mg of Coumadin on	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	OULD BE	(X5) COMPLETION DATE
confirmed LPN #4 failed to verify the 12.5 mg dosage of Coumadin with the transferring facility and/or the physician upon admission. Interview with the NP on October 12, 2011, at 3:00 p.m, in the Conference Room, confirmed the NP was not notified of the September 8, 2011, PT/I/NR (19.2/1.6); was not aware of the 12.5 mg dosage of Coumadin or the resident's history just prior to admission of the Coumadin 2.5 mg being held due to elevated PT/INRs until September 11, 2011. The NP stated, "On September 11, 2011, I was notified of an elevated INR of 8.0. I came in on that date to check the resident and it was on that date I saw the 12.5 mg dosage on the Admission Orders and drew a line through it to make sure no more was given." Interview with the Director of Nursing (DON) on October 17, 2011, at 2:45 p.m., in the Conference		mg daily was on ou interview confirmed mg dosage of Courfacility and/or the plant of the plant o	r Admission Orders." Further RN #1 failed to verify the 12.5 madin with the transferring hysician upon admission. 2 on October 11, 2011, at onference Room, confirmed 12.5 mg of Coumadin on . Continued interview assumed the MAR was to verify the 12.5 mg dosage ne transferring facility and/or admission. #4 on October 11, 2011, at onference Room, confirmed at 12.5 mg of Coumadin on 2, 2011. Continued interview ailed to verify the 12.5 mg on with the transferring facility of upon admission. P on October 12, 2011, at onference Room, confirmed the of the September 8, 2011, was not aware of the 12.5 mg or the resident's history just of the Coumadin 2.5 mg being a PT/INRs until September 11, d, "On September 11, 2011, I evated INR of 8.0. I came in the tresident and it was on 2.5 mg dosage on the ond drew a line through it to was given."	F	425			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		E CONSTRUCTION	(X3) DATE SI COMPLE	
		445296	B. WIN	IG		1225000000	C 8/2011
	OVIDER OR SUPPLIER	RIDGE		1500	ET ADDRESS, CITY, STATE, ZIP CODE 0 FINCHER AVENUE ST RIDGE, TN 37412		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F1 th a E th " iii F o 22 F H F M C " · d P th w C w n M	I2.5 mg dosage of ransferring facility and ransferring facility and ransferring facility and ransferring facility and ransferring facility for verification with a Coumadin racrease in the dosest of March 4, 2009, and ransfer facility for verification with diagnose failure, Transient Is dispertension, Corona Rhabdomyolysis, and Medical record review of the facility for the facility facility for the facility facility for the facility facility for the facility for the facility for the facility	compading with the compading with the compading with the condor the physician upon and interview confirmed the of a Pharmacy policy to notify cation if a patient is naïve or or if there is a significant or from the previous regimen. Iginally admitted to the facility and readmitted on January 23, as including Acute Renal schemic Attacks, nary Artery Disease, and Alzheimer's Disease. The work of a Physician's Telephone of a Physician's Telephone of a Physician's Telephone of the facility and readmitted on January 23, and Alzheimer's Disease.	F4	25			

CTATELIE		1 MEDIONID OLIVIOLO				OMR MO). 0938-0391
AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPI	LE CONSTRUCTION	(X3) DATE S COMPL	ETED
		445296	B. WI	IG		1	C 18/2011
	PROVIDER OR SUPPLIER	odo parasterioritato		150	ET ADDRESS, CITY, STATE, ZIP CODE 00 FINCHER AVENUE ST RIDGE, TN 37412		10/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	dated July 25, 2011 42.9; INR 3.6, rechehold Coumadin for review of a Physicia PT/INR/Coumadin 11:30 a.m.) and Jul remained elevated held. Medical record revie Flowsheet dated Jul 27.0; INR 2.3" Me Physician's Telephota 2:00 p.m., revealemgStart Coumadin PT/INR July 31, 2011 41.7; INR 1.8, rechelend and continue Coumareview of the August Coumadin 4 mg was 2, 2011. Medical record reviee Flowsheet and a Phydated August 2, 2011 Medical record reviee Flowsheet and a Phydated August 2, 2011 Medical record reviee Flowsheet and a Phydated August 2, 2011 Medical record reviee Flowsheet and a Phydated August 2, 2011 Medical record reviee Flowsheet and a Phydated August 2, 2011 Medical record reviee Flowsheet and a Phydated August 2, 2011 Medical record reviee Flowsheet and a Phydated August 2, 2011 Medical record reviee Flowsheet and 3 Phydated August 2, 2011 Medical record reviee Flowsheet and 3 Phydated August 2, 2011 Medical record reviee Flowsheet and 3 Phydated August 3 Medical record reviee Flowsheet and 4 Phydated Flowsheet August 3 Medical record reviee Flowsheet August 3 Medical record reviee Flowsheet Blowsheet August 3 Medical record reviee Flowsheet Blowsheet Blowshe	f, at 2:00 p.m., revealed PT eck PT/INR July 27, 2011, and two days. Medical record an's Telephone Order and the Flowsheet dated July 27 (at ly 29, 2011, revealed PT/INRs and the Coumadin 4.5 mg was ew of the PT/INR/Coumadin 1/29, 2011, revealed "PT edical record review of one Order dated July 30, 2011, ed "D/C Coumadin 4.5 n 4 mg dailyRecheck	F4	.25			

		T WILDIONID OLIVIOLO				ONI DIVIO	1. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE S COMPL	ETED
		445296	B. WI	NG.		10/1	C 18/2011
NAME OF	PROVIDER OR SUPPLIER			187	TREET ADDRESS, CITY, STATE, ZIP CODE	101	10/2011
LIFE CA	RE CENTER OF EAST	RIDGE			1500 FINCHER AVENUE EAST RIDGE, TN 37412		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	Medical record revier revealed the Couma on August 6, 2011. the Coumadin 5 mg August 6 and 7, 201 physician, until August 6 and 7, 201 physician, until August 201 documentation of the errors. Interview with the Did 17, 2011, at 2:45 p. 11:00 a.m., in the Coumadin as ordere 23, 2011; August 1, Interview by telephor Pharmacy Consultard 3:02 p.m., lasted one allowing enough time the Consultant and to interview the Consultant and to interview the Consultant and to interview the Consultant and after numerous Consultant's voicema explaining the survey interview the Consultant of consultative service Pharmacist never referequested.	ew of the August 2011 MARs adin 4.5 mg was discontinued Continued review revealed was not administered on 11, as ordered by the lust 8, 2011. In a continued review revealed was not administered on 11, as ordered by the lust 8, 2011. In a continued review revealed on 11, as ordered by the lust 8, 2011. In a continued review revealed no resignificant medication rector of Nursing on October 13, 2011, at conference Room, confirmed administer the resident's red by the Physician on July 2, 6, 7, 2011. In a with the facility's red on October 18, 2011, at reminute and fifteen seconds, reto introduce the surveyor to the surveyor began to the surveyor began to the Consultant's role in the Assurance) program, and but not by the surveyor. The recalled the Consultant back rings, the call went to the real and a message was left for's position and the need to the contraction of the provision regarding the provision	F	425	5		
	, , , , , , , , , , , , , , , , , , ,	(-),(-)					

From:

CENTE	RS FOR MEDICAR	E & MEDICAID SERVICES			FOR	D: 10/26/20 ⁻ M APPROVE D: 0938-039
AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	(X3) DATE	
		445296	B. WING		1	¢
NAME OF	PROVIDER OR SUPPLIER		5	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10	18/2011
	RE CENTER OF EAS			1500 FINCHER AVENUE EAST RIDGE, TN 37412		9
(X4) ID PREFIX TAG	(EACH DEVICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OIH O DE	(X5) COMPLETION DATE
F 425	Continued From pa	rae 50				
	F-333 (J)-Substance	lard Quality of Care		F 490		
SS=J	A facility must be an enables it to use its efficiently to attain a practicable physical well-being of each range. This REQUIREMEN by: Based on medical records and contractions in the property of the precords and contractions.	/RESIDENT WELL-BEING dministered in a manner that resources effectively and or maintain the highest mental and psychosocial	F 490	SPECIFIC RESIDENTS Resident #8's care plan was upon 8/25/11 to include interventions adverse effects of Coumadin surbleeding. On 8-21-11, Resident a 6.9 Prothrombin and Internation Normalization (PT/INR). The plant was notified of the change in condition and an order was received for 10 Vitamin K. 10 mg of Vitamin K administered by the Licensed Normalization was transferred on 8-2 Emergency Room where a PT/IN was completed with an INR results. The resident's PT/INR results.	for ch as #8 had onal hysician ndition,) mg of was urse. 1-11 to NR test alt of	10/26/10
	were in place to train bleeding and bleeding and bleeding of a change in condithe blood thinner leviphysician resulting in and a transfer to the evaluation for one readminister the physician for one find failure to administer the physician for one residents reviewed with, #9 in Immediate a provider's noncompequirements of particular to the physician for one residents reviewed with, #9 in Immediate a provider's noncompequirements of particular to the physician for one residents reviewed with the physician for one review	ify and ensure processes and educate staff on any precautions associated therapy, notify the physician tion, and failure to monitor also as ordered by the active bleeding in the mouth hospital emergency come for		The licensed nurse was re-educathe Director of Nursing (DON) at Assistant Director of Nursing (A on 10-21-11 on physician notific of change of condition. The pharmacist reviewed the clir record on 10-26-11. No further irregularities were found. Resident #4's medical record was reviewed on 10-13-11 by the DO ensure the resident was receiving correct dosage of Coumadin as oby the physician. The licensed news re-educated by the Director of Nursing (DON) and Assistant Director (DON) and Assistant Director (DON) and Assistant Director (DON) are supported to the physician of the ph	s on to g the refered urse of	

Event ID: V3YT11

Facility ID: TN3308

If continuation sheet Page 51 of 60

ALCMEN	T OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	OMB N	M APPROV D. 0938-0
	o. editizo note	IDENTIFICATION NUMBER:	A. BUILD		(X3) DATE SURVE COMPLETED	
ALIE DE E		445296	B. WING		1	C
	PROVIDER OR SUPPLIER		ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10/	18/2011
IFE CA	RE CENTER OF EAS	. T. 1986-198 (T. 1916). 	1	1500 FINCHER AVENUE EAST RIDGE, TN 37412	%1	
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		~	
TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DÉFICIENCY)	OH I DOS	GOMPLET
F 490	Continued From pa	age 51	F 490			
	11.45 a.m., in the (d on October 18, 2011, at Conference Room, with the		of Nursing (ADON) on 10-14- accurate transcription.	1 on	1
	of the Immediate J	ctor of Nursing, and Regional Services to inform the facility copardy. The Immediate		Resident #9's medical record w		
1	Jeopardy was effect ongoing,	tive August 13, 2011, and is		reviewed on 10-13-11to ensure resident was receiving Coumad ordered by the physician. The	in as	
1	The findings include			nurses were re-educated on 10-2 medication administration.	20-11 on	
- 1	confirmed the facilit	dministrator on October 18, in the Conference Room, y failed to obtain the		OTHER RESIDENTS		1
	Protime/international (PT/INR) (lab test iii	al Normalization Ratio		Residents on Coumadin have th potential to be affected. Reside	e nts	
	20, 2011, for resider	ning medications) on August of #8 on Cournadin (blood s) Therapy. Continued		receiving Coumadin therapy we reviewed by the DON, NP and I	re iurse	
c	on bleeding precauti	the facility failed to careplan		managers on 10-13-11 for PT/II monitoring, the Coumadin order	VR , and	
V	Jontinued Interview Vas unaware reside:	confirmed the Administrator		the MAR for accuracy. On 10-26-11 residents on Coumwere assessed for monitoring for		12
F	PT/INR and bleeding	an elevated PT/INR and was cy Room for an elevated paround the mouth on		adverse effects such as signs and symptoms of bleeding and/or broad	l uising.	
A	Administrator confirm	ontinued interview with the		Care plans were updated by nurs managers on 10-25-11 for interv	e	
AL.	rovide the correct d 4 for three consecu onfirmed only two li	ose of Coumadin to resident tive days. The Administrator		for bleeding precautions The Divisional Vice President (I and the Divisional Director of C	OVP)	
j in	iserviced after resid ose of Coumadin ar	ent #4 received an incorrect	2.5	Services (DDCS) inserviced the Executive Director on Coumadir	į	
01	egin until the survey f the Director of Nur	or brought it to the attention sing on October 10, 2011		protocols and procedures which included monitoring PT/INR, sig		
W	as unaware of a Ph	confirmed the Administrator armacy policy to notify the if a patient is naïve or "new"		symptoms of bleeding, care plan interventions, notify the physician of change of condi-		

FORM CMS-2557(02-99) Previous Versions Obsoleté

Event ID: V3YT11

Facility ID: TN3308

If continuation sheet Page 52 of 60

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445296	B. WII	NG_			C 8/2011
	PROVIDER OR SUPPLIER	T RIDGE	1	1	REET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE EAST RIDGE, TN 37412	10/1	6/2011
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF (PREFIX (EACH CORRECTIVE ACTI TAG CROSS-REFERENCED TO TI DEFICIENCY		OULD BE	(X5) COMPLETION DATE
	11:45 a.m., in the Condinistrator, Director of Clinical of the Immediate Jet Jeopardy was effect ongoing. The findings include Interview with the A 2011, at 2:00 p.m., confirmed the facilit Protime/International (PT/INR) (lab test unlevels for blood thin 20, 2011, for reside thinning medication interview confirmed on bleeding precaut Continued interview was unaware reside of Vitamin K due to sent to the Emerger PT/INR and bleedin August 21, 2011. Chadministrator confirmed only two I inserviced after residuse of Coumadin a begin until the surve of the Director of Nu Continued interview was unaware of a Piccontinued interview was unaware o	d on October 18, 2011, at conference Room, with the ctor of Nursing, and Regional Services to inform the facility copardy. The Immediate tive August 13, 2011, and is	F	490	administer the correct dose of Coumadin and administering the Coumadin as ordered on Octob 2011. As of 10-13-11, this new Coprocess involves the following: PT/INRs to be drawn in the mothe licensed nurse assigned to the resident. The licensed nurse assigned to the resident records the results of PT/INR flow sheet and signs the sheet. The licensed nurse assign the resident records the results of MAR and initials that it is compassed to the resident records the results of MAR and initials that it is compassed for Initials that it is compassed for Initials that it is compassed for Coumadin meeting, we consists of the following: A) Reall PT/INR results and write any orders for Coumadin including scheduled PT/INR. If any Counorder is greater than 6mg, the Department of the Initials of Initials and PT/INR flow sheets with all Coumadin orders to ensure the compare pink anticoagulation Mand PT/INR flow sheet. C) Orders of admitted residents receiving Cowill as of 10/13/11 be reviewed accuracy by the Unit Managers Coumadin Meeting. The Coumadorders will be compared to the chospital orders, and if any Coundins orders will be compared to the chospital orders, and if any Coundins orders will be compared to the chospital orders, and if any Coundins orders will be compared to the chospital orders, and if any Coundins orders will be compared to the chospital orders, and if any Coundins orders will be compared to the chospital orders, and if any Coundins orders will be compared to the chospital orders, and if any Coundins orders will be compared to the chospital orders, and if any Coundins orders will be compared to the chospital orders, and if any Coundins orders will be compared to the chospital orders, and if any Coundins orders will be compared to the chospital orders, and if any Coundins orders will be compared to the chospital orders, and if any Coundins orders will be compared to the chospital orders.	er 25, bumadin brining by the signed to on the e flow ned to on the bleted. histration luct a thich eview of y new the next nadin ON will will MARs I current brider is IAR and on newly umadin for in the adin briginal	

CENTE	13 FOR MEDICARE	A MEDICAID SERVICES				OIND INO	. 0000-0001
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPI	LE CONSTRUCTION	C C	
		445296	B, WIN	1G	and the same of th		8/2011
	ROVIDER OR SUPPLIER	r RIDGE		150	EET ADDRESS, CITY, STATE, ZIP COD 00 FINCHER AVENUE AST RIDGE, TN 37412	E	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 490	11:45 a.m., in the C Administrator, Director of Clinical of the Immediate Jo Jeopardy was effect ongoing. The findings include Interview with the A 2011, at 2:00 p.m., confirmed the facilit Protime/Internation (PT/INR) (lab test of levels for blood thin 20, 2011, for reside thinning medication interview confirmed on bleeding precaut Continued interview was unaware reside of Vitamin K due to sent to the Emerge PT/INR and bleeding August 21, 2011. C Administrator confirmed only two inserviced after residese of Coumadin begin until the surve of the Director of N Continued interview was unaware of a F	d on October 18, 2011, at Conference Room, with the ctor of Nursing, and Regional Services to inform the facility eopardy. The Immediate ctive August 13, 2011, and is	F	490	order is greater than 6mg, the notified. All licensed nureducated 10-22-11 through the DON regarding this proof The Executive Director will Coumadin Audit for complimentary. The ED gave the pharmacisthe schedule of the Quality meetings for their participat 26-11. A Quality Assurance meeting on 10-21-11 which included Coumadin process of monito PT/INRs and verifying dosa administration, educating stand symptoms of bleeding a immediate notification of the for change of residents' con MARs will be checked to enthe Coumadin dose and order transcribed accurately. The supervisor will ensure that the Coumadin dose is in the membefore the 5pm medication administration. The Weeken Supervisor will be present a Monday Coumadin meeting The Executive Director will Coumadin Meeting audit she compliance on week day	rses were 10-26-11by tocol. I review the lance on It consultant Assurance tion on 10- Ing was held If the oring lage and laff on signs and and the lae physician dition. Insure that ler is ler is levekend le proper led to the le to th	

PRINTED: 10/26/2011 FORM APPROVED

OTATELLE		T WEDICAID SERVICES			OIVID IVI). 0938-039°
AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE COMPI	LETED
	attores in the second	445296	B. WING		10/	C 18/2011
	PROVIDER OR SUPPLIER	T RIDGE		TREET ADDRESS, CITY, STATE, ZIP 1500 FINCHER AVENUE EAST RIDGE, TN 37412		10/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 490	to Coumadin or if the dose from the pinterview confirmed Services Agreement representative from attendance at the fa (QA) Committee M has attended only the since March 2011. Refer to F-157 (J),	nere is a significant increase in previous regimen. Continued If the facility's Pharmacy	F 490			
SS=D	services to meet the facility is responsible of the services. This REQUIREMEN by: Based on medical responsible to reprotime/International (PT/INR-lab test used levels for blood thing by the physician for twenty-one residents. The findings include Resident #8 was add 12, 2011, with diagnifibrillation, Hyperten	ervide or obtain laboratory aneeds of its residents. The er for the quality and timeliness of the quality and timeliness. IT is not met as evidenced ecord review and interview, nonitor the ell Normalization Ratio ed to determine therapeutic ning medications) as ordered one resident (#8) of a reviewed. In the control of the facility on August one including Atrial	F 502			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445296	B. WII				С
E sacratica at-	PROVIDER OR SUPPLIER			15	EET ADDRESS, CITY, STATE, ZIP CODE 00 FINCHER AVENUE AST RIDGE, TN 37412		18/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
i	Medical record revi Flowsheet revealed INR 4.7Current D Change: Hold" M Physician's Telepho 2011, at 1:20 p.m., for today. Next PT. Medical record revi Medication Adminis Treatment Adminis Nurse's Notes and Report revealed no was completed on M Interview with the D October 17, 2011, a Room, confirmed P unless otherwise or confirmed the facilit PT/INR on August 2 Coumadin Therapy. Interview with the A 2011, at 2:00 p.m., confirmed the facilit on August 20, 2011 Coumadin Therapy. Refer to F-157 (J), R F-333 (J)-Substand F-490 (J)	ew of the PT/INR/Coumadin IIAugust 19, 2011PT 56.7; lose (Coumadin) 5 mgDose ledical record review of a one Order dated August 19, revealed "Hold all Coumadin IINR on August 20, 2011" ew of the PT/INR Flowsheets, stration Records (MARs), tration Records (TARs), review of the facility's 24-Hour documentation the PT/INR August 20, 2011. irrector of Nursing (DON) on at 2:45 p.m., in the Conference T/INR's are done in-house dered by the physician and y had failed to obtain the 20, 2011, for the resident on of the resident on for the resident on for the resident on the PT/INR, for the resident on the PT/INR.		502			
F 520	C/O #28690 483.75(o)(1) QAA COMMITTEE-MEM	BERS/MEET	F 5	20	×		10/26/11

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES): 10/26/2011 APPROVED
	RS FOR MEDICARE T OF DEFICIENCIES	& MEDICAID SERVICES				0.0938-0391
AND PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	LTIPLE CONSTRUCTION DING	(X3) DATE S COMPL	
		445296	B. WING		10/	C 18/2011
NAME OF F	ROVIDER OR SUPPLIER		s	STREET ADDRESS, CITY, STATE, ZIP CO		10/2011
LIFE CA	RE CENTER OF EAS	TRIDGE		1500 FINCHER AVENUE EAST RIDGE, TN 37412		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EAGH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 520	Continued From pa QUARTERLY/PLA		F 52	F 520		
	assurance committed nursing services; a facility; and at least facility; and at least facility's staff. The quality assessing committee meets a issues with respect and assurance active develops and imples action to correct idea. A State or the Secution of the secution of the respect insofar as a compliance of such requirements of this Good faith attempts.	section. by the committee to identify deficiencies will not be used as		Resident #8's care plan was 8/25/11 to include intervent adverse effects of Coumadi bleeding. On 8-21-11, Resi a 6.9 Prothrombin and Inter Normalization (PT/INR). T was notified of the change i and an order was received f Vitamin K. 10 mg of Vitami administered by the License Resident was transferred on Emergency Room where a was completed with an INR 2.8. The resident's PT/INR continues to be monitored a The licensed nurse was reet the Director of Nursing (DC Assistant Director of Nursin on 10-21-11 on physician n of change of condition.	tions for n such as ident #8 had mational he physician n condition, for 10 mg of tin K was ed Nurse. n 8-21-11 to PT/INR test t result of result us ordered. ducated by DN) and ng (ADON)	
	by: Based on medical records and contract and interview, the facuality Assurance (implemented a plant on bleeding and bleephysician of a chang the blood thinner level.	it is not met as evidenced record review, review of facility its, review of pharmacy policy, cility failed to ensure the QA) Committee identified and to train and educate the staff eding precautions, notify the ge in condition, and to monitor rels as ordered by the nactive bleeding in the mouth		Resident #4's medical recorreviewed on 10-13-11 by the ensure the resident was recorrect dosage of Coumadir by the physician. The licen was re-educated by the Dire Nursing (DON) and Assista of Nursing (ADON) on 10-Resident #9's medical recorreviewed 10-13-11 by the E	ne DON to eviving the n as ordered sed nurse ector of int Director 14-11.	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: V3YT11

Facility ID: TN3308

If continuation sheet Page 55 of 60

From:

DEPAR CENTE	TMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES		4	1	FORM): 10/26/2011 MAPPROVED): 0938-0391
	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE S	SURVEY
		445296	8. VVII	NG		10/-	C 18/2011
NAME OF F	ROVIDER OR SUPPLIER	4		STRI	EET ADDRESS, CITY, STATE, ZIP CODE	1 10/	1012011
LIFE CA	RE CENTER OF EAST	RIDGE		100000	600 FINCHER AVENUE AST RIDGE, TN 37412		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	the correct dosage of the physician for one administer Coumad for one resident (#9 reviewed placed res Immediate Jeopard's provider's noncomp requirements of partikely to cause serio death). A meeting was held 11:45 a.m., in the Conditional Sof the Immediate Jeopardy was effect ongoing. The findings include Interview with the Ref (Medical Director) or a.m., in the Conferent facility failed to accur (blood thinning medicoumadin 12.5 mg to interview confirmed Meeting and discusseer or until October 1: confirmed the Medical Pharmacist or a pha attendance at the Quench of the Continued int Director confirmed the Medical Director confirmed the Director confirme	e hospital emergency room for esident (#8); and to administer of Cournadin as ordered by a resident (#4); and to in as ordered by the physician of twenty-one residents ident's #8, #4, #9 in y (situation in which a liance with one or more ticipation has caused, or is us injury, harm, impairment or on October 18, 2011, at onference Room, with the tor of Nursing, and Regional Services to inform the facility opardy. The Immediate ive August 13, 2011, and is	F	520	ensure the resident was receiv Coumadin as ordered by the p The licensed nurses were reed on 10-20-11. OTHER RESIDENTS Residents on Coumadin have to potential to be affected. Residence in the potential to the MAR for accuracy. On 10-26-11 residents on Coumading by LPN's RN' Unit Managers. The Unit Manuphated care plans on 10-25-1 interventions for bleeding process. The ED gave the pharmacist of the schedule of the Quality As meetings for their participation 26-11. A Quality Assurance meeting on 10-21-11 which included the Coumadin process of monitoring PT/INRs and verifying dosage administration, educating staff and symptoms of bleeding and immediate notification of the process and staff educating process and staff educating process and staff educating process and staff educating process.	the dents vere I nurse IINR er, and agers I for cautions. consultant surance in on 10-was held are ing and ion signs the obysician ion. The	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: V3YT11

Facility ID: TN3308

If continuation sheet Page 56 of 60

		AND HUMAN SERVICES			3	FORM	: 10/26/2011 1 APPROVED
STATEMEN'	F OF DEFICIENCIES OF CORRECTION	CIES (X1) PROVIDER/SUPPLIER/CLIA			PLE CONSTRUCTION	OMB NO. 0938-0 (X3) DATE SURVEY COMPLETED	
		445296	B. WI	NG		100	18/2011
NAME OF F	ROVIDER OR SUPPLIER	L		STR	EET ADDRESS, CITY, STATE, ZIP CODE		10/2011
LIFE CA	RE CENTER OF EAST	RIDGE	•	15	500 FINCHER AVENUE AST RIDGE, TN 37412		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF YAC	1X	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 520	Continued From pa	ge 56	F	520			
	Interview with the E October 18, 2011, a Conference Room, identify and implemeducate staff on ble precautions, or to ma condition, or the moutant of the involving resident #process of develop improvement Plan, implemented." Confacility's QA Commissecond Wednesdat to notify the physici bleeding, and the swith resident #9 har QA Committee. Co DON confirmed knooccurred in the faci reviewed or address Further interview confirmed knooccurred in the faci	confirmed the facility did not tent a plan to train and seding and bleeding to the physician of a change nonitor the blood thinner levels only the physician resulting in active at and a transfer to the room for evaluation for inued interview confirmed only a were inserviced upon Coumadin transcription error 4. The DON stated, "I'm in the			was approved by the QA Cor All licensed nurses were educe 22-11 through 10-26-11 by the regarding the Coumadin process. The Consultant Pharmacists was providing quality assurance reporting to the facility for arrange INR values reported duquarter as well as a summary recommendations made to repotential Warfarin risk.	exted 10- e DON ess. will now e ay out of uring the of	
	2011, at 2:00 p.m., confirmed the facili on August 20, 2011	dministrator on October 18, in the Conference Room, ty failed to obtain the PT/INR I, for resident #8 on Coumadin d interview confirmed the				2011 14	

FORM CMS-2567(02-99) Previous Versions Obsolute

Event ID: V3YY11

Facility ID: TN3308

If continuation sheet Page 57 of 60

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SU COMPLE	E SURVEY IPLETED	
		445296	B. WI			100000000000000000000000000000000000000	C 8/2011	
	RECENTER OF EAST	RIDGE		15	EET ADDRESS, CITY, STATE, ZIP CODE 500 FINCHER AVENUE AST RIDGE, TN 37412			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 520	facility failed to train bleeding precaution interview confirmed unaware resident # Vitamin K due to ar sent to the Emerge PT/INR and bleedin August 21, 2011. C Administrator confirmed only two inserviced after residose of Coumadin, not begin until the sattention of the Direct 10, 2011, Continue Administrator was uto notify the facility naïve or "new" to C significant increase regimen. Continue facility's Pharmacy ensure a represent available for attendad Assurance (QA) Consultation of the Direct 10 and the consultation	ge 57 In and educate staff on as or interventions. Continued the Administrator was 8 required administration of a elevated PT/INR and was ancy Room for an elevated ag around the mouth on Continued interview with the armed the facility failed to dose of Coumadin to resident autive days. The Administrator licensed nurses were ident #4 received an incorrect and additional inservicing didurveyor brought it to the actor of Nursing on October and interview confirmed the unaware of a Pharmacy policy for verification if a patient is soumadin or if there is a in the dose from the previous dinterview confirmed the Services Agreement would active from the Pharmacy is ance at the facility's Quality and the Services March 2011. The surveyor began to alternate the surveyor to the surveyor began to alternate and the call was ended, but the and the call was ended, but the surveyor immediately	F	520				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIP	LE CONSTRUCTION .	(X3) DATE SURVEY COMPLETED	
		445296	B. WI	1G		1	C 8/2011
	PROVIDER OR SUPPLIER	RIDGE		150	ET ADDRESS, CITY, STATE, ZIP CODE 00 FINCHER AVENUE AST RIDGE, TN 37412		J. Z. J.
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	rings, the call went and a message was position and the new regarding the provise. The Consultant Phasurveyor's call as resultant Phasurveyor's call as resultant Pharmacy Services facility's Consultant 2011, at 3:30 p.m., Service Agreement the surveyor by the "RECITALSC. The PHARMACY's sis willing to furnish shereinAGREEMEI mutual covenants coreliance of the partie the PHARMACY agreement the PHARMACY agreement period of the partie of the properties. For the be PHARMACY will:(I representative from for attendance at the Assurance Committen otice and during refacility" Contin Pharmacy Consultant monthly QA Meeting Clinical Director of P"(Pharmacy Consultant Pharmacy	nt back and after numerous to the Consultant's voicemail is left explaining the surveyor's ed to interview the Consultant ision of consultative services. In a service in a consultative services in a consultative services. In a consultative services in a consultative services. In a consultative services in a consultative services in a consultative services of the in a consultative service of the in a consultative services, and the PHARMACY in a consideration of the contained herein and for the contained h	F	520			
	Trefer to F-197 (J), F	-201 (D), F-308 (J) and					

#466 P.063/064

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		CTION	(X3) DATE SURVEY COMPLETED				
		445296	B. WIN	G			C 18/2011
	ROVIDER OR SUPPLIER	T RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE EAST RIDGE, TN 37412				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH	OVIDER'S PLAN OF COR CORRECTIVE ACTION : REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 520	Continued From pa F-333 (J)-Substand F-490 (J), F-502 (E C/O #28690	dard Quality of Care; F-425 (J),	F 5	20	oci dictor)		
						u i	